

Arizona Department of Health Services

**ADHS
INDEPENDENT CASE REVIEW
2005**

June 2006
Revised September 2006



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1. Executive Summary

Overview and Purpose of the Study

The Arizona Department of Health Services (ADHS) Division of Behavioral Health Services (DBHS) contracts with regional behavioral health authorities (RBHAs) covering six geographic service areas (GSAs) across the State of Arizona to deliver a full range of behavioral health services. Contracts also exist with tribal regional behavioral health authorities (TRBHAs).

One component of the ADHS commitment to provide quality services to the population is the annual Independent Case Review (ICR) for individuals covered by Titles XIX and XXI. Health Services Advisory Group, Inc. (HSAG), functioning as an external quality review organization, conducted the 2005 ICR. The ICR focused on a clinical records review designed to measure adherence to established guidelines and standards. The goal of the 2005 ICR was to measure defined clinical and practice outcomes. Some comparisons with the 2004 ICR results will also be addressed in the report. Aspects of performance that were reviewed included:

- ◆ Sufficiency of assessments
- ◆ Care coordination
- ◆ Service planning/treatment
- ◆ Individual/family involvement
- ◆ Cultural preference
- ◆ Medication management
- ◆ Clinical quality outcomes

Methodology

The ICR study focused on Title XIX and Title XXI adult and child members enrolled in the Arizona behavioral health system. The study population and sampling frame were identified by ADHS/DBHS and supplied to HSAG for sample extraction and analysis. The study population was restricted to individuals who were continuously enrolled as behavioral health recipients for at least 90 days during the six months prior to the start of the ICR (January 1, 2006). Individuals who received only transportation, laboratory, radiology/medical imaging, intake encounters, pharmacy, case management, inpatient services, crisis services, or no services during the study period were excluded from the study.

The sample cases for the ICR study were extracted using simple random sampling methodology. Based on a statewide pool of 85,946 RBHA-enrolled members, proportional samples of children and adults were drawn for each GSA. This generated a total statewide sample size of 1,509 cases. This sample size ensured a minimum error rate of 5 percent and a 90 percent confidence level for each GSA. In addition, based on a statewide pool of 1,132 TRBHA-enrolled members, random samples of 30 cases of adults and children were selected from each TRBHA, generating a total statewide TRBHA sample size of 90. However, only 13 behavioral health records were abstracted for the Navajo Nation. The final total ICR sample size was 1,582 members.

Overall Statewide Findings

A total of 20 standards were reviewed for both adult and child populations, with minimum performance scores established by ADHS for each measure. Statewide results showed 52.2 percent of the standards were met for the adult population and 56.0 percent for the child population. This represents a decline from the 2004 ICR in which 72.2 percent of the minimum performance scores were met for the adult population, and 66.7 percent were met for the child population. Table 1-1 presents the 2005 statewide scores for the adult and child populations compared to the minimum performance scores.

**Table 1-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Adults and Children**

<i>Standards 1–20</i>				
#	ICR Standard	Minimum Performance Score	Statewide Performance	
			Adult	Child
1	Assessments			
	a. Is there an initial assessment or annual update?	85%	72.1%	79.8%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	85.6%	88.0%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	74.6%	82.0%
	b. Appropriate treatment is provided based on the diagnosis.	85%	74.3%	79.4%
3	Staff actively engages the following in the treatment planning process:	85%	95.8%	96.9%
	a. Individual		97.1%	97.7%
	b. Family		93.7%	98.4%
	c. Other agencies		93.4%	93.3%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	92.4%	95.5%
5	Outreach/follow-up occurs after:	80%	66.8%	76.7%
	a. Discharge from inpatient		94.3%	100.0%
	b. Discharge from residential		93.3%	100.0%
	c. Missed appointments		51.6%	67.6%
	d. Crisis episodes		93.1%	100.0%
	e. Service refusal		84.8%	85.0%
	f. Medication refusal		82.7%	96.7%
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	63.2%
	bi. When counseling services are needed, is counseling being provided?	75%	83.3%	100.0%

*All responses to this question were not applicable.

**Table 1-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Adults and Children**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Statewide Performance	
			Adult	Child
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	75.0%	79.8%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	86.1%	93.6%
	a. Does documentation show services were provided in the recipient's primary language?		85.2%	93.6%
	b. Was the recipient and/or family informed that interpreter services were available?		87.0%	93.6%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	78.3%	81.0%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	71.4%	72.5%
11	There is evidence of symptomatic improvement.	85%	94.2%	95.6%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	88.9%
	b. For individuals 5 < 18 years old	85%	*	71.7%
	c. For individuals ≥ 18 years old	85%	72.2%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	96.4%	90.5%
	a. Lithium blood levels have been ordered and/or obtained		96.4%	100.0%
	b. Thyroid function test (TSH) has been ordered and/or obtained		96.4%	85.7%
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		96.4%	85.7%
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	60.3%	56.6%
	a. Blood glucose has been ordered and/or obtained		65.6%	49.1%
	b. Lipid levels have been ordered and/or obtained		62.4%	49.1%
	c. Weight/BMI have been obtained		52.9%	71.7%
15	Informed consent for new psychotropic medications:	80%	77.2%	83.5%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		72.3%	76.7%

*All responses to this question were not applicable.

**Table 1-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Adults and Children**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Statewide Performance	
			Adult	Child
15 cont.	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		84.1%	92.4%
	i. Benefits/intended outcome of treatment		96.9%	97.7%
	ii. Individual's risk and side effects		96.9%	98.8%
	iii. Possible alternatives to the proposed medication		86.2%	93.5%
	iv. Possible results of not taking the recommended medications		85.5%	92.9%
	v. The person's right to withdraw voluntary consent for medication at any time		84.6%	92.9%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	52.6%	48.1%
	b. At least annually for individuals continuing on antipsychotic medications	85%	80.8%	75.4%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	95.2%	97.2%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	72.7%	72.2%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		1.5%	0.4%
19b	Is rationale for combined use present?		25.0%	50.0%
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	75.0%	100.0%
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		14.4%	4.6%
20b	Is rationale for combined use present?		18.7%	26.1%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	82.8%	83.3%

Statewide Strengths

A review of the data indicated that statewide performance on the following standards exceeded the minimum performance score for both the adult and child populations:

- ◆ The initial and/or annual assessment includes documentation addressing the essential elements for each diagnosis or situation.
- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ When counseling services are needed for Division of Developmental Disabilities (DDD) members, counseling is being provided.
- ◆ If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.
- ◆ Documentation shows that services were provided in the recipient's primary language.
- ◆ The recipient and/or family were informed that interpreter services were available.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ Behavioral health care is coordinated with the member's PCP as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 0 < 5 years old.
- ◆ For each individual who is continuously prescribed lithium during the review period, there is documentation that the following have been completed at least annually: Lithium blood levels have been ordered and/or obtained, thyroid function test has been ordered and/or obtained, and renal function test has been ordered and/or obtained.
- ◆ When three or more psychotropic medications within the same class were prescribed simultaneously during the review period, a prescribing clinician's documentation describes the rationale and justification for combined use.
- ◆ When four or more psychotropic medications from different classes were prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, a prescribing clinician's documentation describes the rationale and justification for combined use.

A noteworthy accomplishment is the improvement in performance on the standard regarding the requirement to order or obtain lithium blood levels for individuals continuously prescribed lithium during the review period. Performance did not meet the standard in 2004, but the minimum performance score was met in 2005. Compared to the 2004 ICR, the 2005 score of 96.4 percent for adults was an increase of 18 percentage points, and the 2005 score for children of 100 percent was an increase of 33 percentage points. This improvement may be attributed to performance

improvement activities initiated as a result of the findings from 2004 and monitored through the RBHA Medical Director meetings.

Statewide Improvement Opportunities

Twelve areas were identified as not meeting the minimum performance scores and will be the subject of performance improvement initiatives:

- ◆ There is an initial assessment or annual update.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs after missed appointments.
- ◆ The clinical liaison is actively involved in the oversight of the treatment.
- ◆ There is evidence of functional improvement for individuals $5 < 18$ years old and for individuals ≥ 18 years old.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic during the study period, there is documentation that the following have been completed at least annually: blood glucose has been ordered and/or obtained, lipid levels have been ordered and/or obtained, and weight/BMI have been obtained.
- ◆ Informed consent for new psychotropic medications.
- ◆ For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications and at least annually for individuals continuing on antipsychotic medications.
- ◆ If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

An additional improvement opportunity was identified for the child population regarding the standard to ensure that DDD members who are younger than 18 years of age have a functioning Child and Family Team (CFT).

A comparison of results from 2004 to 2005 indicated that scores improved for standards related to informed consent for new psychotropic medications, and if the individual was prescribed any new psychotropic medication during the review period, the record included documentation of specific target symptoms for each medication. The small improvement in the performance score for informed consent from last year's score may be attributed to providers' increased use of the

informed consent form. The score for the standard regarding outreach and follow-up experienced a small increase for 2005 when compared to 2004, with follow-up after missed appointments identified as the outlier element. These standards, however, did not meet the minimum thresholds for 2005 and, therefore, will continue as a focus for performance improvement.

Performance on two standards met or exceeded expectations for the 2004 review but below expectations for the 2005 review. These standards related to the presence of an initial assessment or annual update and clinical liaisons being actively involved in the oversight of treatment.

For statewide areas that previously have been identified as problematic, ADHS has the following initiatives in place to improve performance:

Outreach and Follow-up

The 2005 ICR findings for outreach and follow-up in response to adverse clinical events were consistent with data from reviews of significant incidents/accidents/morbidities/mortalities. All RBHAs have corrective action plans in place to address individual issues related to this area, and conduct quarterly monitoring to assess performance on this standard. The results of interim monitoring are submitted to ADHS for review. The enhanced monitoring may account for the slight increase shown in the results.

Functioning Child and Family Team (CFT) for Individuals Younger Than 18 Years of Age

ADHS has developed a quarterly audit process that consists of a chart review and family interview that is conducted by each RBHA to measure adherence to the CFT process. RBHAs are required to submit the results to ADHS along with performance improvement activities designed to address deficiencies. In addition, ADHS posts information regarding the number of children served by CFTs for each RBHA on its Web site to promote the practice of using CFTs.

Informed Consent

ADHS is in the third year of the Informed Consent Performance Improvement Project (PIP). The T/RBHAs were required to implement interventions identified by the PIP work group to improve compliance with informed consent requirements. T/RBHA monitoring activities included chart reviews to identify prescribers who did not comply with this standard. The work group met quarterly to review results from monitoring activities, discuss issues that came up during the intervention, and make recommendations for continued performance improvement. The work group has also developed and implemented a consent form for use by all providers that was disseminated through a policy clarification. Current data collected from the 2005 ICR showed that 75 percent of the charts reviewed contained the new standardized consent form for all newly prescribed psychotropic medications. The work group will continue to use this information to identify and address any barriers related to implementation of the standardized form.

Documentation of Specific Target Symptoms for each Prescribed Medication

ADHS is in the second year of a PIP designed to improve the quality of documentation when multiple medications are prescribed to treat a condition. The workgroup, consisting of the ADHS and T/RBHA Medical Directors meets monthly to review medication-related issues. To improve scores in this area, the Medical Directors developed a Technical Assistance Document (TAD) that outlines assessment and documentation requirements when prescribing medications to treat behavioral health symptoms. This TAD has been disseminated to providers through the T/RBHAs and has been posted on the ADHS Web site for public use.

Statewide Conclusions

The 2005 statewide ICR assessed the RBHAs' performance across multiple clinical measures including assessments, the treatment planning process, cultural competency, coordination of care, and clinical quality outcomes. The ICR findings reflected a decline in scores when comparing the results from 2004 to the current findings, with both the adult and child populations achieving lower rates of compliance. The 2005 overall score for the adult population decreased to 52.2 percent compliant compared to 72.2 percent in 2004. The score for the child population decreased from 66.7 percent compliant to 56.0 percent. However, it is important to note that the 2005 ICR tool was revised significantly from 2004 to focus more on clinical best practices, thus creating a more stringent record review process that resulted in lower scores. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents.

For the standard pertaining to the treatment plan in 2004 (Standard 2 in 2005, Standard 13 in 2004), if the date of the treatment plan had expired but the goals were current, the assignment of a positive response was acceptable. In 2005, the date of the treatment plan had to be current during the review year (2005).

For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member.

Additional information related to opportunities for improvement will be presented in the Recommendations section of this report.

2. Introduction and Background

Introduction

The 2005 ICR was requested by ADHS as an annual, independent, quality evaluation of the care provided to Title XIX and Title XXI individuals enrolled in the Arizona behavioral health system and receiving services from January 1, 2005 through December 31, 2005.

HSAG conducted the ICR on a sample population of adults and children within each of the six RBHAs and three TRBHAs. HSAG worked collaboratively with ADHS staff and area experts to design the chart audit tool, the scoring protocol, and the thresholds of acceptable compliance. HSAG coordinated with the RBHAs and TRBHAs to procure clinical records and then performed chart audits on the sample population.

Background

The behavioral health system administered by ADHS (through a contract with AHCCCS, the state Medicaid authority) is a critical component of the overall health care system serving Arizona residents. ADHS contracts with RBHAs to deliver a comprehensive array of behavioral health services to six GSAs in the state:

- ◆ Community Partnership of Southern Arizona (CPSA-3), serving the four southeastern counties (Greenlee, Graham, Cochise, and Santa Cruz).
- ◆ Community Partnership of Southern Arizona (CPSA-5), serving Pima County.
- ◆ Cenpatico Behavioral Health Services (CBHS-2), serving Yuma and La Paz Counties.
- ◆ Cenpatico Behavioral Health Services (CBHS-4), serving Pinal and Gila Counties.
- ◆ Northern Arizona Regional Behavioral Health Authority (NARBHA), serving Mohave, Coconino, Apache, Navajo, and Yavapai Counties.
- ◆ ValueOptions (VO), serving Maricopa County.

ADHS also contracts with three TRBHAs (Pasqua Yaqui, Navajo Nation, and Gila River).

The goal of the 2005 ICR was to measure clinical and practice outcomes across GSAs. Additionally, a statewide comparison between the 2005 ICR statewide results and the 2004 and 2003 ICR statewide results is provided, where applicable. Aspects of performance that were reviewed included, but were not limited to:

- ◆ Sufficiency of assessments
- ◆ Care coordination
- ◆ Service planning/treatment
- ◆ Individual/family involvement
- ◆ Medication management
- ◆ Clinical quality outcomes

For the 2005 ICR, several diagnosis-specific questions were included in the tool to assess how the behavioral health system was performing with regard to the use of best practices when treating individuals with certain conditions. Diagnosis-specific questions centered around assessments, treatment planning, and evidence of symptomatic improvement. The findings from these standards were not included in the overall analysis of the ICR because the number of records reviewed per diagnosis was small and did not allow for generalization of the findings. Appendix B illustrates the findings for each RBHA by diagnosis for these standards.

Sampling

The ICR study focused on Title XIX and Title XXI adult and child members enrolled in the Arizona behavioral health system. The study population and sampling frame were identified by ADHS/DBHS and supplied to HSAG for sample extraction and analysis. The study population was restricted to members who were continuously enrolled as behavioral health recipients for at least 90 days during the six months before the start of the ICR (January 1, 2006). Individuals who received only transportation, laboratory, radiology/medical imaging, intake encounters, pharmacy, case management, inpatient, or crisis services were excluded from the study.

The sample cases for the ICR study were extracted using simple random sampling methodology. Based on a statewide pool of 85,946 Title XIX and Title XXI RBHA-enrolled members, proportional samples of children and adults were drawn for each GSA. This generated a total GSA sample size of 1,509 sample cases. This sample size ensured a minimum error rate of 5 percent and a 90 percent confidence level for each GSA. In addition, based on a statewide pool of 1,132 Title XIX and Title XXI TRBHA-enrolled members, random samples of 30 cases of adults and children were selected from each TRBHA, generating a total statewide TRBHA sample size of 90. However, only 13 behavioral health records were abstracted for the Navajo Nation. The final ICR sample size was 1,582 members. Figure 3-1 shows the original and final sample sizes for each GSA and TRBHA.

A 15.0 percent oversample was generated for each GSA, except for CBHS-2 and CBHS-4. Because these RBHAs were new in 2005, a 20.0 percent oversample was selected. A 15.0 percent oversample was generated for the TRBHAs (i.e., $n = 15$ members). These cases were used to replace records from the original sample that were excluded from the study; 7.3 percent of the original sample were replaced. To maintain the original distribution of the sampling frame, replacements of members in the original sample were limited to oversample cases with the same characteristics.

**Figure 3-1—ADHS Independent Case Review 2005:
Sample Sizes**

RBHA	Original Sample Size			Final Sample Size		
	Total	Adult	Child	Total	Adult	Child
CBHS-2	222	155	67	222	155	67
CBHS-4	234	148	86	234	148	86
CPSA-3	254	181	73	254	181	73
CPSA-5	266	184	82	266	183	83
NARBHA	264	188	76	264	188	76
ValueOptions	269	183	86	269	182	87
RBHA Totals	1,509	1,039	470	1,509	1,037	472
TRBHA						
Gila River	30	10	20	30	10	20
Navajo	30	15	15	13	8	5
Pascua Yaqui	30	21	9	30	22	8
TRBHA Totals	90	46	44	73	40	33
ICR Sample Totals	1,599	1,085	514	1,582	1,077	505

Record Abstraction

Data collection for the ICR study consisted of behavioral health record abstraction. It is important to note that only data from services that were documented in the record were collected. A service may have been rendered; however, if it was not documented in the record, it is not reflected in the final scores.

A clinical chart audit tool for 2005 was developed by ADHS in collaboration with HSAG and approved by AHCCCS. The draft chart audit tool was then edited into a concise and objective electronic chart audit tool. The process considered the following factors:

- ◆ Reliability: Is the tool structured to solicit the necessary responses?
- ◆ Objectivity: Are the questions objective?
- ◆ Conciseness: Are extraneous data elements eliminated?
- ◆ Completeness: Are the study questions answered?

Ten behavioral health professionals (i.e., psychiatric registered nurses, certified professional counselors, master's degree-level behavioral health professionals, and professionals with a master's degree in social work) were chosen from various fields and trained as reviewers to abstract data from behavioral health records efficiently, accurately, and reliably. HSAG conducted a comprehensive training session for these behavioral health professionals. Over the course of the training, these abstractors learned the background and purpose of the project, methodology used, abstraction tool and instructions, monitoring, and confidentiality policies. During the initial training session, abstractors reviewed a selected sample of behavioral health records, and results were calculated to determine interrater reliability (IRR). After the review, the HSAG project coordinator

discussed the IRR results with the reviewers individually as well as in a group session format. The coordinator discussed each question with the reviewers to ensure they had a clear understanding of the data collection instrument. All abstractors achieved a 95 percent reliability rate prior to field abstraction. HSAG-trained reviewers abstracted records from all GSAs and TRBHAs.

HSAG used the rater-to-standard method of monitoring the reliability and accuracy of the reviewers on an ongoing basis. The project coordinator randomly selected 10 percent of each abstractor's completed reviews for evaluation. The project coordinator set the gold standard against which all other abstractors were evaluated. This process ensured that reviewers were consistently abstracting the data in the same manner throughout the review process. Completed reviews were evaluated for any content errors, such as data omissions, incorrect data entry, and interpretation errors. Individual accuracy rates were tracked, and early and ongoing feedback was provided to reviewers. Reviewers were required to maintain at least 95 percent reliability. If a reviewer fell below a 95 percent reliability rate, retraining was performed immediately and a 100 percent review was performed until the reviewer returned to a 95 percent accuracy rate. If a reviewer failed to return to the 95 percent accuracy rate, the reviewer was removed from the project.

Scoring of Data

The scoring protocol measures the GSAs' adherence to standards outlined in the ADHS ICR tool. A minimum performance score was established by ADHS for all standards. In order to measure each GSA's compliance against the minimum performance score, a "yes" answer was scored as one point and a "no" answer was scored as zero points. For each standard the numerator was defined as the sum of all "yes" answers and the denominator was the sum of all "yes" and "no" answers. Answers of "n/a" were excluded from both the numerator and denominator.

Standards with sub-items (Standards 3, 5, 8, 13, 14 and 15) are presented with a roll-up score. Each of the sub-items comprising a standard was scored individually and each score was presented in the results. A roll-up score for the standard was also presented by summing the answers of all sub-items. The minimum performance score was then evaluated against the roll-up score.

Standards 1, 2¹, and 11 also contained sub-items and were presented as a rollup score; individual sub-items were not scored individually. Since the sub-items for these standards were based on members' demographics (i.e., under 5 years of age or evidence of specific diagnosis), a member could have results for none, one, or many of the sub-items. Consequently, an alternative roll-up methodology was developed that aggregated all applicable sub-item responses into a *person-level* score instead of summing the answers of all sub-items. Thus a member was evaluated as to whether they *met* or *not met* the standard based on the responses to the sub-items. Specifically, in order to count positively toward a roll-up score, all sub-items for a member's associated diagnoses and/or age required a positive response or any combination of a positive and "n/a" response. If any of the member's applicable sub-items contained a negative response, the standard was deemed not met. Cases where all sub-items are "n/a" are excluded from both the numerator and denominator. The minimum performance score was then evaluated against the roll-up score.

¹ For Standard 2b, there were no sub-items related to the *mood disorder* diagnosis. However, all sample members were required to answer sub-item 2bi related to evidence of a prior history of suicide.

Standards 1, 2, and 11 were also presented in separate diagnosis-specific tables. Based on diagnosis, these tables included both roll-up and individual sub-item scores. Since members could only be represented once per standard in these tables, roll-up scores were based on summing the answers of all sub-items; this is different from the roll-up methodology used for the main tables. For members with multiple diagnoses, they are contained in more than one diagnosis-specific table.

Due to the exclusion of “n/a” responses, some standards evaluated contained small sample sizes. As such, the results should be interpreted with caution.

4. RBHA Results

CBHS-2

A review of the 2005 ICR findings for CBHS-2 indicated that the RBHA met or exceeded the minimum performance score on 43.5 percent of the standards for adults and 64.0 percent of the standards for the child population. The adult findings were below those reported statewide and the findings for the child population were higher than the statewide findings.

The findings for CBHS-2 were generally consistent between the child and adult populations with the following exceptions. For the standard, “The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service,” performance for the adult population exceeded minimum performance with a score of 70.6 percent, whereas performance for the child population was below minimum performance with a score of 33.3 percent. In addition, performance for both adult and child populations was below the minimum performance score for the standard related to assessing if each individual who has been prescribed antipsychotic medication during the review period has been assessed for movement disorders upon initiation of all new antipsychotic medications. The score for the adult population was 50 percent and the score for the child population was 16.7 percent.

The table below presents the CBHS-2 scores for the adult and child populations compared to the minimum performance scores.

**Table 4-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-2**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-2 Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	66.5%	79.1%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	90.3%	93.0%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	61.9%	79.1%
	b. Appropriate treatment is provided based on the diagnosis.	85%	77.6%	83.7%
3	Staff actively engages the following in the treatment planning process:	85%	96.5%	99.4%
	a. Individual		96.8%	100.0%
	b. Family		94.4%	100.0%
	c. Other agencies		96.9%	97.6%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	93.6%	98.5%

**Table 4-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-2**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-2 Performance	
			Adult	Child
5	Outreach/follow-up occurs after:	80%	63.2%	70.5%
	a. Discharge from inpatient		100.0%	100.0%
	b. Discharge from residential		100.0%	100.0%
	c. Missed appointments		39.3%	56.0%
	d. Crisis episodes		100.0%	100.0%
	e. Service refusal		87.5%	100.0%
	f. Medication refusal		100.0%	87.5%
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	100.0%
	bi. When counseling services are needed, is counseling being provided?	75%	*	100.0%
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	79.4%	92.5%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	75.0%	100.0%
	a. Does documentation show services were provided in the recipient's primary language?		75.0%	100.0%
	b. Was the recipient and/or family informed that interpreter services were available?		75.0%	100.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	70.6%	33.3%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	78.7%	71.4%
11	There is evidence of symptomatic improvement.	85%	93.4%	100.0%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	100.0%
	b. For individuals 5 < 18 years old	85%	*	87.1%
	c. For individuals ≥ 18 years old	85%	75.6%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	100.0%	*
	a. Lithium blood levels have been ordered and/or obtained		100.0%	*
	b. Thyroid function test (TSH) has been ordered and/or obtained		100.0%	*
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		100.0%	*

*All responses to this question were not applicable.

**Table 4-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-2**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-2 Performance	
			Adult	Child
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	62.2%	75.0%
	a. Blood glucose has been ordered and/or obtained		76.7%	75.0%
	b. Lipid levels have been ordered and/or obtained		73.3%	75.0%
	c. Weight/BMI have been obtained		36.7%	75.0%
15	Informed consent for new psychotropic medications:	80%	77.0%	88.9%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		73.1%	86.2%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		82.4%	92.0%
	i. Benefits/intended outcome of treatment		97.1%	96.0%
	ii. Individual's risk and side effects		95.6%	96.0%
	iii. Possible alternatives to the proposed medication		80.9%	95.8%
	iv. Possible results of not taking the recommended medications		80.9%	95.8%
	v. The person's right to withdraw voluntary consent for medication at any time		80.9%	95.8%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	50.0%	16.7%
	b. At least annually for individuals continuing on antipsychotic medications	85%	76.3%	70.0%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	97.6%	94.1%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	67.8%	93.1%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		2.6%	0.0%
19b	Is rationale for combined use present?		0.0%	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		13.6%	3.0%

*All responses to this question were not applicable.

**Table 4-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-2**

<i>Standards 1–20</i>				
#	ICR Standard	Minimum Performance Score	CBHS-2 Performance	
			Adult	Child
20b	Is rationale for combined use present?		0.0%	50.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	0.0%

CBHS-2 Strengths

CBHS-2 met or exceeded the minimum performance score for both adult and child populations for the following standards:

- ◆ The initial and/or annual assessment includes documentation addressing the essential elements for each diagnosis or situation.
- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ Behavioral health care has been coordinated with the member's PCP as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for children < 18 years of age.
- ◆ For each individual who is continuously prescribed lithium, there is documentation that the required tests have been completed at least annually.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.

An additional strength was noted for the standard related to DDD members who were younger than 18 years of age. CBHS-2 scored 100.0 percent for DDD members younger than 18 years of age having a functioning Child and Family Team (CFT), and for providing counseling services when needed to DDD members.

Effective July 1, 2005, Cenpatco Behavioral Health of Arizona (CBHS–2 and CBHS–4) was awarded the contract to manage behavioral health care services for Yuma, Gila, and Pinal Counties. Because Cenpatco was only managing behavioral health services for these counties for six months during the ICR review period, comparisons cannot be made to previous years. The 2005 ICR scores for CBHS–2 and CBHS–4 will serve as a baseline and reference point for future performance improvement initiatives. It should be noted, however, that Cenpatco was provided with the 2004 ICR results for its regions and used this information to identify priorities for its quality management system.

CBHS-2 Improvement Opportunities

The findings for CBHS-2 were consistent with statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs following missed appointments.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic, there is documentation that required tests have been completed at least annually.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

CBHS-4

A review of the 2005 ICR findings for CBHS-4 indicated that the RBHA met or exceeded the minimum performance score on 56.5 percent of the standards for adults and 68.0 percent of the child population, with the adult and child populations being higher than the statewide score.

Most of the findings were consistent for the adult and child populations, except for the standard related to coordination of care. For the element that required documentation that behavioral health care was coordinated with the member's PCP as required, the score of 71.7 percent for the adult population exceeded the minimum performance score. The child population, on the other hand, scored 0 percent. For the standard that assessed if the disposition of the referral from the PCP or health plan was communicated to the PCP or health plan within 30 days of the referral, the score for the adult population was 50 percent and the score for the child population was 100 percent.

The table below presents the CBHS-4 scores for the adult and child populations compared to the minimum performance scores.

**Table 4-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-4**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-4 Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	93.9%	89.5%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	90.7%	87.9%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	95.3%	100.0%
	b. Appropriate treatment is provided based on the diagnosis.	85%	78.6%	82.1%
3	Staff actively engages the following in the treatment planning process:	85%	96.7%	98.2%
	a. Individual		99.3%	98.8%
	b. Family		100.0%	98.8%
	c. Other agencies		87.5%	96.2%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	94.6%	95.4%
5	Outreach/follow-up occurs after:	80%	67.8%	78.6%
	a. Discharge from inpatient		100.0%	100.0%
	b. Discharge from residential		100.0%	100.0%
	c. Missed appointments		55.3%	73.0%
	d. Crisis episodes		95.0%	100.0%
	e. Service refusal		92.3%	80.0%
	f. Medication refusal		100.0%	100.0%

**Table 4-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-4**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-4 Performance	
			Adult	Child
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	100.0%
	bi. When counseling services are needed, is counseling being provided?	75%	100.0%	*
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	89.9%	87.2%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	83.3%	100.0%
	a. Does documentation show services were provided in the recipient's primary language?		66.7%	100.0%
	b. Was the recipient and/or family informed that interpreter services were available?		100.0%	100.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	50.0%	100.0%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	71.7%	0.0%
11	There is evidence of symptomatic improvement.	85%	96.9%	92.9%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	66.7%
	b. For individuals 5 < 18 years old	85%	*	62.0%
	c. For individuals ≥ 18 years old	85%	65.7%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	100.0%	100.0%
	a. Lithium blood levels have been ordered and/or obtained		100.0%	100.0%
	b. Thyroid function test (TSH) has been ordered and/or obtained		100.0%	100.0%
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		100.0%	100.0%
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	63.2%	54.6%
	a. Blood glucose has been ordered and/or obtained		65.5%	36.4%
	b. Lipid levels have been ordered and/or obtained		62.1%	36.4%
	c. Weight/BMI have been obtained		62.1%	90.9%

*All responses to this question were not applicable.

**Table 4-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CBHS-4**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CBHS-4 Performance	
			Adult	Child
15	Informed consent for new psychotropic medications:	80%	79.7%	82.1%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		78.8%	73.3%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		80.8%	93.9%
	i. Benefits/intended outcome of treatment		98.7%	100.0%
	ii. Individual's risk and side effects		98.7%	100.0%
	iii. Possible alternatives to the proposed medication		84.2%	93.9%
	iv. Possible results of not taking the recommended medications		82.9%	93.9%
	v. The person's right to withdraw voluntary consent for medication at any time		82.9%	93.9%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	56.3%	30.8%
	b. At least annually for individuals continuing on antipsychotic medications	85%	80.6%	66.7%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	90.2%	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	70.0%	77.3%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		0.7%	1.2%
19b	Is rationale for combined use present?		0.0%	100.0%
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	100.0%
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		15.5%	9.3%
20b	Is rationale for combined use present?		13.0%	25.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	66.7%	100.0%

*All responses to this question were not applicable.

CBHS-4 Strengths

CBHS-4 met or exceeded the minimum performance score for both adult and child populations for the following standards:

- ◆ There is an assessment or annual update.
- ◆ The initial and/or annual assessment includes documentation addressing the essential elements for each diagnosis or situation.
- ◆ There is a current treatment plan.
- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ The clinical liaison is actively involved in the oversight of the treatment.
- ◆ The recipient and/or family were informed that interpreter services were available.
- ◆ There is evidence of symptomatic improvement.
- ◆ For each individual who is continuously prescribed lithium during the review period, there is documentation that required tests have been completed at least annually.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.

An additional strength was noted for the standard related to DDD members who were younger than 18 years of age. CBHS-4 scored 100.0 percent for DDD members younger than 18 years of age having a functioning CFT. In addition, for the adult DDD population, CBHS-4 scored 100 percent for the standard that measured if counseling services were provided when needed to DDD members.

CBHS-4 was the only T/RBHA to score above the minimum performance score for having documentation that an assessment or annual update was completed for both the adult and child populations.

Effective July 1, 2005, Cenpatco Behavioral Health of Arizona (CBHS-2 and CBHS-4) was awarded the contract to manage behavioral health care services for Yuma, Gila, and Pinal Counties. Because Cenpatco was only managing behavioral health services for these counties for six months during the ICR review period, comparisons cannot be made to previous years. The 2005 ICR scores for CBHS-2 and CBHS-4 will serve as a baseline and reference point for future performance improvement initiatives. It should be noted, however, that Cenpatco was provided with the 2004 ICR results for its regions and used this information to identify priorities for its quality management system.

CBHS-4 Improvement Opportunities

The findings for CBHS-4 were consistent with statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs after missed appointments.
- ◆ There is evidence of functional improvement for individuals 0 < 5 years old, 5 < 18 years old, and ≥ 18 years old.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic, there is documentation that required tests have been completed at least annually.
- ◆ Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

CBHS-4's performance for the adult population fell below the minimum threshold for the requirement to send the PCP or health plan the disposition of the referral within 30 days of receiving the request for service. CBHS-4 had another opportunity for improvement in the coordination of behavioral health care with the member's PCP, as required, for the child population.

CPSA-3

A review of the 2005 ICR findings for CPSA-3 indicated that the RBHA met or exceeded the minimum performance score on 60.9 percent of the standards for adults and 64.0 percent for the child population, slightly exceeding the statewide rates for both populations.

Findings were consistent for the adult and child populations, except for the standard that assessed if required tests were obtained at least annually for each individual who was continuously prescribed an atypical antipsychotic during the review period, and the standard regarding outreach and follow-up.

The table below presents the CPSA-3 scores for the adult and child populations compared to the minimum performance scores.

**Table 4-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-3**

Standards 1–20				
#	ICR Standard	Minimum Performance Score	CPSA-3 Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	69.6%	79.5%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	86.5%	91.7%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	72.9%	84.9%
	b. Appropriate treatment is provided based on the diagnosis.	85%	68.4%	75.6%
3	Staff actively engages the following in the treatment planning process:	85%	94.5%	96.8%
	a. Individual		95.0%	98.6%
	b. Family		91.1%	100.0%
	c. Other agencies		95.5%	87.8%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	88.4%	98.6%
5	Outreach/follow-up occurs after:	80%	53.1%	78.6%
	a. Discharge from inpatient		84.6%	100.0%
	b. Discharge from residential		50.0%	100.0%
	c. Missed appointments		39.9%	68.8%
	d. Crisis episodes		87.5%	100.0%
	e. Service refusal		76.2%	100.0%
	f. Medication refusal		70.0%	100.0%

**Table 4-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-3**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CPSA-3 Performance	
			Adult	Child
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	75.0%
	bi. When counseling services are needed, is counseling being provided?	75%	100.0%	100.0%
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	74.0%	84.9%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	95.8%	90.0%
	a. Does documentation show services were provided in the recipient's primary language?		95.8%	90.0%
	b. Was the recipient and/or family informed that interpreter services were available?		95.8%	90.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	90.9%	100.0%
10	Behavioral healthcare has been coordinated with the member's PCP as required.	60%	68.4%	75.0%
11	There is evidence of symptomatic improvement.	85%	93.8%	100.0%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	100.0%
	b. For individuals 5 < 18 years old	85%	*	83.3%
	c. For individuals ≥ 18 years old	85%	67.1%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	100.0%	33.3%
	a. Lithium blood levels have been ordered and/or obtained		100.0%	100.0%
	b. Thyroid function test (TSH) has been ordered and/or obtained		100.0%	0.0%
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		100.0%	0.0%
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	31.3%	44.4%
	a. Blood glucose has been ordered and/or obtained		30.3%	33.3%
	b. Lipid levels have been ordered and/or obtained		30.3%	50.0%
	c. Weight/BMI have been obtained		33.3%	50.0%

*All responses to this question were not applicable.

**Table 4-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-3**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CPSA-3 Performance	
			Adult	Child
15	Informed consent for new psychotropic medications:	80%	80.6%	82.4%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		71.7%	75.9%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		93.0%	90.9%
	i. Benefits/intended outcome of treatment		95.8%	95.5%
	ii. Individual's risk and side effects		95.8%	95.5%
	iii. Possible alternatives to the proposed medication		93.0%	90.9%
	iv. Possible results of not taking the recommended medications		93.0%	90.9%
	v. The person's right to withdraw voluntary consent for medication at any time		93.0%	90.9%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	43.3%	25.0%
	b. At least annually for individuals continuing on antipsychotic medications	85%	69.4%	87.5%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	96.2%	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	75.0%	69.0%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		2.8%	0.0%
19b	Is rationale for combined use present?		20.0%	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	100.0%	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		14.4%	1.4%
20b	Is rationale for combined use present?		19.2%	0.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	80.0%	*

*All responses to this question were not applicable.

CPSA-3 Strengths

CPSA-3 met or exceeded the minimum performance score for both the adult and child populations for the following standards:

- ◆ The initial and/or annual assessment includes documentation addressing the essential elements for each diagnosis or situation.
- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.
- ◆ Documentation shows that services were provided in the recipient's primary language.
- ◆ The recipient and/or family were informed that interpreter services were available.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ Behavioral health care has been coordinated with the member's PCP as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 0 < 5 years old.
- ◆ Lithium blood levels have been ordered and/or obtained for individuals who are continuously prescribed lithium.
- ◆ Documentation of informed consent for new psychotropic medications includes all required elements.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.
- ◆ Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use of psychotropic medications.

An additional strength for CPSA-3 was noted for the standard related to DDD members. For both the adult and child populations, CPSA-3 scored 100 percent for the standard that measured if counseling services were provided when needed to DDD members.

Two noteworthy areas of improvement for the adult population when comparing results from 2004 to 2005 include the standard related to informed consent for psychotropic medication and the standard requiring documentation of specific target symptoms for each medication, both of which met or exceeded the minimum performance score in 2005.

For both the adult and child populations, the most significant improvement was noted for the standard that assessed whether or not lithium blood levels were ordered for each individual who was continuously prescribed lithium carbonate. Both populations scored 100 percent in the 2005 review, whereas in 2004, their scores were below the minimum performance score.

The improvements may be attributed to the increased attention paid to standards related to medication practices by the RBHA Medical Directors, under the leadership of the ADHS Medical Director, who have worked to establish practice guidelines for practitioners and develop monitoring activities.

CPSA-3 Improvement Opportunities

The findings for CPSA-3 were consistent with statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs following discharge from a residential setting, missed appointment, service refusal, and medication refusal.
- ◆ There is evidence of functional improvement for individuals ≥ 18 years old.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic, there is documentation that required tests have been completed at least annually.
- ◆ Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

An additional opportunity for improvement was noted for the standard that assessed if there was documentation that DDD members younger than 18 years of age had a functioning CFT. CPSA-3 scored 75.0 percent on this standard, which was below the minimum performance score. To increase performance in this area, CPSA-3 is participating in a statewide initiative to increase the number of children served by CFTs. CPSA-3 provides monthly data to ADHS, which posts the information to its Web site to further promote the use of CFTs.

Compared to 2004, performance dropped below the minimum performance in the 2005 ICR for some standards. For the 2004 ICR, performance for both the adult and child populations met the minimum performance score for the presence of an assessment or annual update, but in the 2005 ICR, CPSA-3's scores dropped below the minimum. The minimum performance score was met in the 2004 ICR for the presence of documentation demonstrating that the clinical liaison was actively involved in the oversight of treatment. CPSA-3's performance on the 2005 ICR for this standard dropped below the minimum performance score. The decrease in performance on these standards

may be related to the increase in expectations for the 2005 ICR compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member. CPSA-3's scores on these standards are consistent with those of other RBHAs, indicating that these areas are problematic statewide and should be targeted for improvement.

CPSA-3 scored the lowest of all the T/RBHAs for the standard assessing performance related to required outreach/follow-up after select sentinel events for the adult population, where the roll-up score for the adult population was 53.1 percent. The two factors contributing the most to the decline were for (1) outreach/follow-up after missed appointments (39.9 percent), and (2) discharge from a residential setting (50.0 percent). These findings are consistent with information from the review of incidents/accidents/morbidities/mortalities, and CPSA-3 has corrective action plans in place to resolve these issues on a case-specific basis.

CPSA-5

A review of the 2005 ICR findings for CPSA-5 indicated that the RBHA met or exceeded the minimum performance score on 47.8 percent of the standards for the adult population and 64.0 percent of the standards for the child population. The adult findings were slightly below those reported statewide and the findings for the child population were higher than the statewide findings.

For a number of standards, the findings for CPSA-5 varied between the adult and child populations by several percentage points, with the greatest spread for the following standards: assessment or annual update, outreach/follow-up after medication refusal, providing needed counseling services for DDD members, obtaining blood glucose levels for individuals continuously prescribed an atypical antipsychotic, disposition of the referral, and coordination of care.

The table below presents CPSA-5 scores for the adult and child populations compared to the minimum performance scores.

**Table 4-4—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-5**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CPSA-5 Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	65.6%	81.9%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	83.6%	82.6%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	80.9%	83.1%
	b. Appropriate treatment is provided based on the diagnosis.	85%	73.6%	76.0%
3	Staff actively engages the following in the treatment planning process:	85%	95.5%	92.5%
	a. Individual		98.9%	94.7%
	b. Family		84.8%	95.1%
	c. Other agencies		93.6%	85.7%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	92.4%	96.4%
5	Outreach/follow-up occurs after:	80%	72.5%	83.1%
	a. Discharge from inpatient		90.3%	100.0%
	b. Discharge from residential		90.0%	100.0%
	c. Missed appointments		61.6%	71.4%
	d. Crisis episodes		88.9%	100.0%
	e. Service refusal		94.1%	100.0%
	f. Medication refusal		58.3%	100.0%

**Table 4-4—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-5**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CPSA-5 Performance	
			Adult	Child
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	66.7%
	bi. When counseling services are needed, is counseling being provided?	75%	50.0%	100.0%
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	77.1%	81.9%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	80.0%	100.0%
	a. Does documentation show services were provided in the recipient's primary language?		80.0%	100.0%
	b. Was the recipient and/or family informed that interpreter services were available?		80.0%	100.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	76.9%	100.0%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	73.3%	88.9%
11	There is evidence of symptomatic improvement.	85%	93.0%	97.8%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	100.0%
	b. For individuals 5 < 18 years old	85%	*	72.6%
	c. For individuals ≥ 18 years old	85%	79.6%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	100.0%	100.0%
	a. Lithium blood levels have been ordered and/or obtained		100.0%	100.0%
	b. Thyroid function test (TSH) has been ordered and/or obtained		100.0%	100.0%
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		100.0%	100.0%
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	53.1%	40.5%
	a. Blood glucose has been ordered and/or obtained		65.3%	35.7%
	b. Lipid levels have been ordered and/or obtained		53.1%	35.7%
	c. Weight/BMI have been obtained		40.8%	50.0%

*All responses to this question were not applicable.

**Table 4-4—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for CPSA-5**

Standards 1–20

#	ICR Standard	Minimum Performance Score	CPSA-5 Performance	
			Adult	Child
15	Informed consent for new psychotropic medications:	80%	80.6%	82.3%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		73.5%	72.2%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		90.4%	96.2%
	i. Benefits/intended outcome of treatment		95.1%	100.0%
	ii. Individual's risk and side effects		95.1%	100.0%
	iii. Possible alternatives to the proposed medication		91.5%	96.2%
	iv. Possible results of not taking the recommended medications		93.9%	96.2%
	v. The person's right to withdraw voluntary consent for medication at any time		91.5%	96.2%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	50.0%	50.0%
	b. At least annually for individuals continuing on antipsychotic medications	85%	84.5%	71.4%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	98.5%	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	85.0%	77.1%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		0.6%	1.2%
19b	Is rationale for combined use present?		0.0%	0.0%
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		13.7%	4.8%
20b	Is rationale for combined use present?		16.0%	0.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	100.0%	*

*All responses to this question were not applicable.

CPSA-5 Strengths

CPSA-5 met or exceeded the minimum performance score for both the adult and child populations for the following standards:

- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process (based on the roll-up scores).
- ◆ Outreach/follow-up occurs after discharge from inpatient and residential settings, crisis episodes, and refusal of services.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ There is evidence that behavioral health care has been coordinated with the member's PCP as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 0 < 5 years old.
- ◆ For each individual who is continuously prescribed lithium during the review period, there is documentation that required tests have been completed at least annually.
- ◆ For all new psychotropic medications prescribed, documentation of informed consent includes all required elements.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.

An additional strength was noted in the child population for DDD members. CPSA-5 scored 100.0 percent for the standard that assessed if counseling services were provided when needed to DDD members.

The following two standards demonstrated improvements from the 2004 to the 2005 review and now meet the minimum performance score: informed consent for psychotropic medications and documentation of specific target symptoms for individuals prescribed psychotropic medications. The improvements may be attributed to the increased attention paid to standards related to medication practices by the RBHA Medical Directors, under the leadership of the ADHS Medical Director, who have worked to establish practice guidelines for practitioners and develop monitoring activities.

CPSA-5 Improvement Opportunities

The findings for CPSA-5 were consistent with statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs after missed appointments and medication refusal.
- ◆ There is evidence of functional improvement for individuals $5 < 18$ years old and ≥ 18 years old.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic, there is documentation that required tests have been completed at least annually.
- ◆ Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications and at least annually for individuals continuing on antipsychotic medications.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

For adults, an additional opportunity for improvement was identified for the standard regarding the provision of counseling services for DDD members when needed, which scored below the minimum performance score.

Another improvement opportunity was noted for the standard related to documentation of a CFT for DDD members who were younger than 18 years of age. CPSA-5 scored 66.7 percent on this standard, which was below the minimum performance score. To address this area, CPSA-5 is participating in a statewide initiative to increase the number of children served by CFTs. CPSA-5 provides monthly data to ADHS, which posts the information to its Web site to further promote the use of CFTs.

A comparison of ICR scores from 2004 to 2005 revealed that for a limited number of standards, the 2005 performance score decreased for both the adult and child populations. The standards included the presence of an assessment or annual update, and the assessment of whether the clinical liaison was actively involved in the oversight of treatment. The decrease may be a result of the increase in expectations for the 2005 ICR as compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of

documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member. CPSA-5's scores on these standards are consistent with those of other RBHAs, indicating that these areas are problematic statewide and should be targeted for improvement.

NARBHA

A review of the 2005 ICR findings for NARBHA indicated that the RBHA met or exceeded the minimum performance score on 43.5 percent of the standards for adults and 64.0 percent of the standards for the child population. The adult findings were lower than those reported statewide and the findings for the child population were higher than the statewide findings.

For a number of standards, NARBHA findings varied between the adult and child populations by several percentage points, with the greatest spread in the following standards: disposition of referrals, coordination of care, completion of required tests for individuals continuously prescribed lithium, completion of required tests for individuals prescribed an atypical antipsychotic, and the assessment of movement disorders. Except for the standard for disposition of referrals, all of these standards had an adult score that was lower than the score for the child population.

The table below presents NARBHA scores for the adult and child populations compared to the minimum performance scores.

**Table 4-5—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for NARBHA**

Standards 1–20

#	ICR Standard	Minimum Performance Score	NARBHA Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	70.7%	76.3%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	80.0%	92.7%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	72.9%	73.7%
	b. Appropriate treatment is provided based on the diagnosis.	85%	72.6%	76.6%
3	Staff actively engages the following in the treatment planning process:	85%	94.4%	98.4%
	a. Individual		95.2%	98.6%
	b. Family		94.7%	100.0%
	c. Other agencies		90.5%	94.9%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	91.0%	96.1%
5	Outreach/follow-up occurs after:	80%	79.0%	78.9%
	a. Discharge from inpatient		100.0%	100.0%
	b. Discharge from residential		100.0%	100.0%
	c. Missed appointments		72.0%	75.0%
	d. Crisis episodes		90.3%	100.0%
	e. Service refusal		73.7%	66.7%
	f. Medication refusal		85.7%	100.0%

**Table 4-5—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for NARBHA**

Standards 1–20

#	ICR Standard	Minimum Performance Score	NARBHA Performance	
			Adult	Child
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	0.0%
	bi. When counseling services are needed, is counseling being provided?	75%	*	*
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	70.7%	75.0%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	*	100.0%
	a. Does documentation show services were provided in the recipient's primary language?		*	100.0%
	b. Was the recipient and/or family informed that interpreter services were available?		*	100.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	92.3%	66.7%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	76.5%	50.0%
11	There is evidence of symptomatic improvement.	85%	95.0%	91.5%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	100.0%
	b. For individuals 5 < 18 years old	85%	*	62.7%
	c. For individuals ≥ 18 years old	85%	74.8%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	66.7%	100.0%
	a. Lithium blood levels have been ordered and/or obtained		66.7%	100.0%
	b. Thyroid function test (TSH) has been ordered and/or obtained		66.7%	100.0%
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		66.7%	100.0%
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	59.7%	88.9%
	a. Blood glucose has been ordered and/or obtained		62.5%	83.3%
	b. Lipid levels have been ordered and/or obtained		62.5%	83.3%
	c. Weight/BMI have been obtained		54.2%	100.0%

*All responses to this question were not applicable.

**Table 4-5—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for NARBHA**

Standards 1–20

#	ICR Standard	Minimum Performance Score	NARBHA Performance	
			Adult	Child
15	Informed consent for new psychotropic medications:	80%	79.0%	89.7%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		77.0%	83.8%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		81.6%	96.8%
	i. Benefits/intended outcome of treatment		98.9%	100.0%
	ii. Individual's risk and side effects		97.7%	100.0%
	iii. Possible alternatives to the proposed medication		85.1%	100.0%
	iv. Possible results of not taking the recommended medications		81.6%	96.8%
	v. The person's right to withdraw voluntary consent for medication at any time		81.6%	96.8%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	48.7%	66.7%
	b. At least annually for individuals continuing on antipsychotic medications	85%	78.8%	100.0%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	90.7%	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	69.9%	75.0%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		1.6%	0.0%
19b	Is rationale for combined use present?		66.7%	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	100.0%	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		12.8%	7.9%
20b	Is rationale for combined use present?		37.5%	50.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	88.9%	100.0%

*All responses to this question were not applicable.

NARBHA Strengths

NARBHA met or exceeded the minimum performance score for both the adult and child populations for the following standards:

- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ Outreach/follow-up occurs after discharge from inpatient and residential settings, crisis episodes, and refusal of medications.
- ◆ If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.
- ◆ Documentation shows that services were provided in the recipient's primary language.
- ◆ The recipient and/or family was informed that interpreter services were available.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 0 < 5 years old.
- ◆ For all new psychotropic medications prescribed, documentation of informed consent includes all required elements.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, a prescribing clinician's documentation describes the rationale and justification for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, a prescribing clinician's documentation describes the rationale and justification for combined use.

Of note are the following areas of improvement from 2004 to 2005 for the child population: informed consent for psychotropic medications and obtaining lithium blood levels for individuals who were continuously prescribed lithium carbonate, both of which exceeded the minimum performance score. These improvements may be attributed to the increased attention paid to standards related to medication practices by the RBHA Medical Directors, under the leadership of the ADHS Medical Director, who have worked to establish practice guidelines for practitioners and develop monitoring activities.

NARBHA Improvement Opportunities

The findings for NARBHA were consistent with statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on diagnosis.
- ◆ Outreach/follow-up occurs after missed appointments and refusal of services.
- ◆ The clinical liaison is actively involved in the oversight of the treatment.
- ◆ There is evidence of functional improvement for individuals 5 < 18 years old and ≥ 18 years old.
- ◆ Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

An additional opportunity for improvement was noted for NARBHA, which scored 0 percent for the standard related to DDD members younger than 18 years of age having a functioning CFT. To improve performance in this area, NARBHA is participating in a statewide initiative to increase the number of children served by CFTs. NARBHA provides monthly data to ADHS, which posts the information to its Web site to further promote the use of CFTs.

For adults, there was an opportunity to improve compliance on the standards for annually requesting or obtaining specified tests when lithium and/or an atypical antipsychotic medication were continuously prescribed. NARBHA's Medical Director is working with ADHS and the other RBHA Medical Directors to implement standards for medication monitoring. Once implemented consistently statewide, scores for these standards should improve.

A comparison of ICR scores from 2004 to 2005 revealed that performance declined for both the adult and child populations for standards related to the presence of an assessment or annual update, and documentation of the clinical liaison being actively involved in the oversight of treatment. The decline may be a result of the increase in expectations for the 2005 ICR compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment

documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member. NARBHA's scores on these standards were consistent with those of other RBHAs, indicating that these areas were problematic statewide and should be targeted for improvement.

Finally, performance on the standard that assessed if behavioral health care was coordinated with the member's PCP dropped below the minimum performance score for the child population. NARBHA will be required to incorporate performance improvement activities into its quality management system to increase scores on this standard.

ValueOptions

A review of the 2005 ICR findings for ValueOptions indicated that the RBHA met or exceeded the minimum performance score on 56.5 percent of the standards for the adult population and 44.0 percent of the standards for the child population. The adult findings matched those reported statewide, and the findings for the child population fell below the statewide findings.

The findings were relatively consistent for the adult and child populations, except for one standard. This standard assessed if there was documentation of required tests having been ordered or obtained for individuals continuously prescribed an atypical antipsychotic medication. The roll-up score for the child population fell below the minimum score of 85 percent and was 45.4 percentage points lower than the score for the adult population.

The table below presents the ValueOptions scores for the adult and child populations compared to minimum performance scores.

**Table 4-6—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for ValueOptions**

Standards 1–20

#	ICR Standard	Minimum Performance Score	ValueOptions Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	70.9%	71.3%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	87.0%	84.1%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	65.4%	70.1%
	b. Appropriate treatment is provided based on the diagnosis.	85%	72.6%	80.0%
3	Staff actively engages the following in the treatment planning process:	85%	96.7%	96.2%
	a. Individual		97.8%	95.2%
	b. Family		96.7%	97.6%
	c. Other agencies		93.0%	95.5%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	94.0%	87.4%
5	Outreach/follow-up occurs after:	80%	65.6%	73.5%
	a. Discharge from inpatient		91.3%	100.0%
	b. Discharge from residential		100.0%	*
	c. Missed appointments		43.5%	69.6%
	d. Crisis episodes		96.3%	100.0%
	e. Service refusal		87.5%	73.3%
	f. Medication refusal		84.6%	100.0%

**Table 4-6—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for ValueOptions**

Standards 1–20

#	ICR Standard	Minimum Performance Score	ValueOptions Performance	
			Adult	Child
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	33.3%
	bi. When counseling services are needed, is counseling being provided?	75%	100.0%	100.0%
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	64.3%	63.2%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	100.0%	100.0%
	a. Does documentation show services were provided in the recipient's primary language?		100.0%	100.0%
	b. Was the recipient and/or family informed that interpreter services were available?		100.0%	100.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	85.7%	80.0%
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	61.8%	60.0%
11	There is evidence of symptomatic improvement.	85%	94.4%	96.2%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	66.7%
	b. For individuals 5 < 18 years old	85%	*	81.4%
	c. For individuals ≥ 18 years old	85%	68.9%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	100.0%	*
	a. Lithium blood levels have been ordered and/or obtained		100.0%	*
	b. Thyroid function test (TSH) has been ordered and/or obtained		100.0%	*
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		100.0%	*
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	87.1%	41.7%
	a. Blood glucose has been ordered and/or obtained		87.8%	25.0%
	b. Lipid levels have been ordered and/or obtained		89.8%	25.0%
	c. Weight/BMI have been obtained		83.7%	75.0%

*All responses to this question were not applicable.

**Table 4-6—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for ValueOptions**

Standards 1–20

#	ICR Standard	Minimum Performance Score	ValueOptions Performance	
			Adult	Child
15	Informed consent for new psychotropic medications:	80%	67.3%	79.4%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		62.0%	75.0%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		75.8%	85.2%
	i. Benefits/intended outcome of treatment		95.1%	96.3%
	ii. Individual's risk and side effects		98.4%	100.0%
	iii. Possible alternatives to the proposed medication		80.3%	85.2%
	iv. Possible results of not taking the recommended medications		80.0%	85.2%
	v. The person's right to withdraw voluntary consent for medication at any time		76.7%	85.2%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	66.7%	80.0%
	b. At least annually for individuals continuing on antipsychotic medications	85%	89.8%	87.5%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	97.1%	86.7%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	69.3%	54.3%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		1.1%	0.0%
19b	Is rationale for combined use present?		50.0%	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	0.0%	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		18.1%	2.3%
20b	Is rationale for combined use present?		18.2%	0.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	83.3%	*

*All responses to this question were not applicable.

ValueOptions Strengths

ValueOptions met or exceeded the minimum performance score for both the adult and child populations for the following standards:

- ◆ Staff actively engages the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ Outreach/follow-up occurs after discharge from inpatient and residential services, crisis episodes, and refusal of medications.
- ◆ If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.
- ◆ Documentation shows that services were provided in the recipient's primary language.
- ◆ The recipient and/or family were informed that interpreter services were available.
- ◆ The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.
- ◆ Behavioral health care has been coordinated with the member's PCP as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ For each individual who is continuously prescribed lithium during the review period, there is documentation that required tests have been completed at least annually.

An additional strength was noted for the standard that assessed if counseling services were provided if needed to DDD members. The performance score for both the adult and child populations was 100.0 percent.

Performance improved from the 2004 to the 2005 ICR for the standard that assessed if the records of individuals prescribed psychotropic medications contained documentation of follow-up actions to address adverse effects. Improvement was also noted for the adult population on the standard that assessed if annual lithium blood levels were obtained for each individual continuously prescribed lithium carbonate during the review year. These improvements may be attributed to the increased attention paid to standards related to medication practices by the RBHA Medical Directors, under the leadership of the ADHS Medical Director, who have worked to establish practice guidelines for practitioners and develop monitoring activities.

ValueOptions Improvement Opportunities

The findings for ValueOptions were consistent with the statewide findings. The following standards were identified as opportunities for improvement for both the child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Outreach/follow-up occurs following missed appointments.

- ◆ The clinical liaison is actively involved in the oversight of the treatment.
- ◆ There is evidence of functional improvement for individuals $0 < 5$ years old, $5 < 18$ years old and ≥ 18 years old.
- ◆ There is documentation of informed consent having been obtained for new psychotropic medications.
- ◆ For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders upon initiation of all new antipsychotic medications.
- ◆ If the individual has been prescribed any new psychotropic medication, the record includes documentation of specific target symptoms for each medication.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

An additional improvement opportunity was noted for the standard related to documentation of a functioning CFT for DDD members younger than 18 years of age. To improve performance in this area, ValueOptions is participating in a statewide initiative to increase the number of children served by CFTs. ValueOptions provides monthly data to ADHS, which posts the information to its Web site to further promote the use of CFTs.

A comparison of ICR scores from 2004 to 2005 revealed that for a limited number of standards, performance in 2005 declined for both the adult and child populations. The standards included documentation of an assessment or annual update, and documentation that the clinical liaison was actively involved in the oversight of treatment. These findings are consistent with those reported statewide and may be related to an increase in expectations for the 2005 ICR compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member.

While all RBHAs did poorly on these standards, ValueOptions scored the lowest of all RBHAs on the standard that measured the clinical liaisons' involvement in the oversight of treatment, indicating that this area was particularly problematic for this region. ValueOptions will be required to develop performance improvement initiatives as part of its quality management system to address this area.

5. TRBHA Results

Gila River

A review of the 2005 ICR findings for Gila River indicated that the TRBHA met or exceeded the minimum performance score on 73.9 percent of the standards for adults and 72.0 percent of the standards for the child population. These results should be interpreted with caution since the sample size was relatively small ($n = 30$). The sample size was even smaller for some standards because the standard was not applicable to all the records reviewed.

The findings generally were consistent for both populations. Standards with the widest variance in performance between the adult and child populations were those related to documentation in the assessment addressing essential elements for each diagnosis or situation; documentation of the active involvement of the clinical liaison; ordering or obtaining required tests for individuals continuously prescribed atypical antipsychotic medications; informed consent; annual assessment for movement disorders of individuals who are prescribed antipsychotic medications; and documentation of target symptoms for each newly prescribed psychotropic medication. Performance for the adult population exceeded the minimum performance standard for having a current treatment plan, whereas performance for the child population fell below the minimum performance score. Performance for both the adult and child populations fell below the minimum performance score for informed consent for new psychotropic medications, where performance for the adult and child populations scored 0.0 percent and 69.2 percent, respectively.

The table below compares the Gila River scores for the adult and child populations to the minimum performance scores.

**Table 5-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Gila River**

<i>Standards 1–20</i>				
#	ICR Standard	Minimum Performance Score	Gila River Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	90.0%	85.0%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	66.7%	85.7%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	90.0%	80.0%
	b. Appropriate treatment is provided based on the diagnosis.	85%	85.7%	87.5%

**Table 5-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Gila River**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Gila River Performance	
			Adult	Child
3	Staff actively engages the following in the treatment planning process:	85%	100.0%	98.1%
	a. Individual		100.0%	100.0%
	b. Family		100.0%	94.7%
	c. Other agencies		100.0%	100.0%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	100.0%	100.0%
5	Outreach/follow-up occurs after:	80%	70.6%	69.2%
	a. Discharge from inpatient		100.0%	*
	b. Discharge from residential		100.0%	100.0%
	c. Missed appointments		55.6%	53.3%
	d. Crisis episodes		100.0%	100.0%
	e. Service refusal		66.7%	75.0%
	f. Medication refusal		*	100.0%
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is <18 years of age, is there a functioning Child and Family Team?	85%	*	*
	bi. When counseling services are needed, is counseling being provided?	75%	*	*
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	90.0%	70.0%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	*	*
	a. Does documentation show services were provided in the recipient's primary language?		*	*
	b. Was the recipient and/or family informed that interpreter services were available?		*	*
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	*	*
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	*	*
11	There is evidence of symptomatic improvement.	85%	87.5%	93.8%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	*
	b. For individuals 5 < 18 years old	85%	*	35.0%
	c. For individuals ≥ 18 years old	85%	40.0%	*

*All responses to this question were not applicable.

**Table 5-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Gila River**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Gila River Performance	
			Adult	Child
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	*	*
	a. Lithium blood levels have been ordered and/or obtained		*	*
	b. Thyroid function test (TSH) has been ordered and/or obtained		*	*
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		*	*
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	83.3%	100.0%
	a. Blood glucose has been ordered and/or obtained		100.0%	100.0%
	b. Lipid levels have been ordered and/or obtained		100.0%	100.0%
	c. Weight/BMI have been obtained		50.0%	100.0%
15	Informed consent for new psychotropic medications:	80%	0.0%	69.2%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		0.0%	62.5%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		*	80.0%
	i. Benefits/intended outcome of treatment		*	80.0%
	ii. Individual's risk and side effects		*	100.0%
	iii. Possible alternatives to the proposed medication		*	80.0%
	iv. Possible results of not taking the recommended medications		*	80.0%
	v. The person's right to withdraw voluntary consent for medication at any time		*	80.0%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	*	*
	b. At least annually for individuals continuing on antipsychotic medications	85%	100.0%	50.0%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	100.0%	100.0%

*All responses to this question were not applicable.

**Table 5-1—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Gila River**

Standards 1–20				
#	ICR Standard	Minimum Performance Score	Gila River Performance	
			Adult	Child
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	0.0%	37.5%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		0.0%	0.0%
19b	Is rationale for combined use present?		*	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		0.0%	0.0%
20b	Is rationale for combined use present?		*	*
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*

*All responses to this question were not applicable.

Gila River Strengths

Gila River met or exceeded the minimum performance score for both adult and child populations for the following standards:

- ◆ There is an assessment or annual update.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ Staff members actively engage the individual, family, and other agencies in the treatment planning process.
- ◆ Outreach/follow-up occurs after discharge from inpatient and residential services, crisis episodes, and refusal of medications.
- ◆ Case management services are provided based on the individual's assessment, acuity, for both the adult and child populations and treatment recommendations.
- ◆ There is evidence of symptomatic improvement.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects are noted, progress notes include documentation of follow-up actions to address adverse effects.

Gila River Improvement Opportunities

The findings for Gila River were consistent with statewide findings and identify the following standards as areas of opportunity for improvement for both child and adult populations:

- ◆ Outreach/follow-up occurs after missed appointments and refusal of services.
- ◆ There is evidence of functional improvement for individuals $5 < 18$ years old and ≥ 18 years old.
- ◆ Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications.
- ◆ If the individual has been prescribed any new psychotropic medications during the review period, the record includes documentation of specific target symptoms for each medication.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

Performance on the standard addressing the active involvement of the clinical liaison for the child population decreased in 2005. For the 2004 ICR, Gila River's performance exceeded the minimum performance score. The decrease in performance on this standard may be related to the increase in expectations for the 2005 ICR compared to 2004. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member. Gila River's scores on this standard were consistent with those reported statewide, indicating that these areas were problematic for most regions and should be targeted for improvement.

Additional declines in performance were noted on the standard addressing documentation that informed consent had been obtained, which decreased by 50.0 percent for the adult population. Performance related to documentation of specific target symptoms for individuals prescribed psychotropic medication dropped from a level that exceeded the minimum performance score in 2004 to scores of 0.0 percent for the adult population and 37.5 percent for the child population in the 2005 ICR. These results are contrary to those reported by RBHAs that implemented performance improvement initiatives. Therefore, Gila River will be encouraged to adopt the practices developed by the other regions to improve performance.

Navajo Nation

A review of the 2005 ICR findings for Navajo Nation indicated that the TRBHA met or exceeded the minimum performance score on 60.9 percent of the standards for adults and 64.0 percent of the standards for the child population, slightly exceeding the statewide rates for both populations. These results should be interpreted with caution since the sample size was relatively small ($n = 13$). The sample size was even smaller for some standards because the standard was not applicable to all the records reviewed.

Most of the findings were consistent for the adult and child populations, except for standards related to assessments, treatment based on the diagnosis, and obtaining or ordering blood glucose levels for individuals continuously prescribed atypical antipsychotic medications. Performance for the documentation of the clinical liaison's active involvement for both the adult and child populations (37.5 percent and 40.0 percent, respectively) was below the minimum performance score of 80 percent. Performance for the adult population was 0 percent on the standard related to coordination of behavioral health care with the member's PCP, as required. Performance for the child population was determined as not applicable for this standard. For the standard on informed consent for new psychotropic medications, performance for both the adult and child populations was 0 percent.

The table below compares the Navajo Nation scores for the adult and child populations to the minimum performance scores.

**Table 5-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Navajo Nation**

<i>Standards 1–20</i>				
#	ICR Standard	Minimum Performance Score	Navajo Nation Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	50.0%	80.0%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	50.0%	100.0%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	100.0%	100.0%
	b. Appropriate treatment is provided based on the diagnosis.	85%	87.5%	33.3%
3	Staff actively engages the following in the treatment planning process:	85%	94.7%	100.0%
	a. Individual		87.5%	100.0%
	b. Family		100.0%	100.0%
	c. Other agencies		100.0%	100.0%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	87.5%	100.0%

**Table 5-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 *for* Navajo Nation**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Navajo Nation Performance	
			Adult	Child
5	Outreach/follow-up occurs after:	80%	75.0%	100.0%
	a. Discharge from inpatient		*	*
	b. Discharge from residential		100.0%	100.0%
	c. Missed appointments		50.0%	*
	d. Crisis episodes		*	100.0%
	e. Service refusal		*	100.0%
	f. Medication refusal		100.0%	*
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is < 18 years of age, is there a functioning Child and Family Team?	85%	*	*
	bi. When counseling services are needed, is counseling being provided?	75%	*	*
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	37.5%	40.0%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	*	0.0%
	a. Does documentation show services were provided in the recipient's primary language?		*	0.0%
	b. Was the recipient and/or family informed that interpreter services were available?		*	0.0%
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	*	*
10	Behavioral health care has been coordinated with the member's PCP as required.	60%	0.0%	*
11	There is evidence of symptomatic improvement.	85%	71.4%	100.0%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	*
	b. For individuals 5 < 18 years old	85%	*	50.0%
	c. For individuals ≥ 18 years old	85%	85.7%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	*	*
	a. Lithium blood levels have been ordered and/or obtained		*	*
	b. Thyroid function test (TSH) has been ordered and/or obtained		*	*
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		*	*

*All responses to this question were not applicable.

**Table 5-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Navajo Nation**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Navajo Nation Performance	
			Adult	Child
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	16.7%	33.3%
	a. Blood glucose has been ordered and/or obtained		0.0%	50.0%
	b. Lipid levels have been ordered and/or obtained		0.0%	0.0%
	c. Weight/BMI have been obtained		50.0%	50.0%
15	Informed consent for new psychotropic medications:	80%	0.0%	0.0%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		0.0%	0.0%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		*	*
	i. Benefits/intended outcome of treatment		*	*
	ii. Individual's risk and side effects		*	*
	iii. Possible alternatives to the proposed medication		*	*
	iv. Possible results of not taking the recommended medications		*	*
	v. The person's right to withdraw voluntary consent for medication at any time		*	*
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	*	*
	b. At least annually for individuals continuing on antipsychotic medications	85%	0.0%	50.0%
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	*	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	*	0.0%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		0.0%	0.0%
19b	Is rationale for combined use present?		*	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*

*All responses to this question were not applicable.

**Table 5-2—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 *for* Navajo Nation**

Standards 1–20				
#	ICR Standard	Minimum Performance Score	Navajo Nation Performance	
			Adult	Child
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		12.5%	0.0%
20b	Is rationale for combined use present?		0.0%	0.0%
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*

*All responses to this question were not applicable.

Navajo Nation Strengths

Navajo Nation met or exceeded the minimum performance score for both adult and child populations for the following standards:

- ◆ There is a current treatment plan.
- ◆ Staff members actively engage the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity, and treatment recommendations.
- ◆ Outreach/follow-up occurs after discharge from residential services.
- ◆ There is evidence of functional improvement for individuals ≥ 18 years old.

Comparing the 2004 ICR standards to the similar 2005 ICR standards, only one standard increased from below the minimum performance standard. For the standard that addressed outreach/follow-up in response to adverse clinical events, performance for the child population showed an increase over the 2004 results and exceeded the minimum performance score for 2005.

Navajo Nation Improvement Opportunities

The findings for Navajo Nation were consistent with statewide findings and identify the following standards as areas of opportunity for improvement for both child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ Appropriate treatment is provided based on the diagnosis.
- ◆ The clinical liaison is actively involved in the oversight of the treatment.

- ◆ If English is not the primary language of the recipient, services are documented and available in the recipient's primary language.
- ◆ Documentation shows that services are provided in the recipient's primary language.
- ◆ The recipient and/or family are informed that interpreter services are available.
- ◆ Behavioral health care has been coordinated with the member's PCP, as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 5 < 18 years old.
- ◆ For each individual who is continuously prescribed atypical antipsychotic medications, there is documentation that required tests have been completed at least annually.
- ◆ The individuals and/or parents/guardians are informed about and give consent for new psychotropic medications.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders at least annually for those individuals continuing on antipsychotic medications.
- ◆ If the individual has been prescribed any new psychotropic medication, the record includes documentation of specific target symptoms for each medication.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

Comparing the results of the 2005 ICR to the 2004 ICR showed that some of the scores that previously were at or above the minimum performance score for 2004 fell below the minimum for 2005. Performance on the standard related to documentation of an assessment or annual update fell below the minimum performance score for the 2005 ICR, having exceeded the minimum score in the previous year for both populations. A decline in performance occurred for both the adult and child populations for documentation that the clinical liaison was actively involved in the oversight of the treatment. In the 2004 ICR, performance for both populations met the minimum performance score; however, in the 2005 ICR the percentages dropped for the adult and child populations to 37.5 percent and 40.0 percent, respectively. The decrease in performance on these standards may be related to the increase in expectations for the 2005 ICR compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member.

Pascua Yaqui

A review of the 2005 ICR findings for Pascua Yaqui indicated that the TRBHA met or exceeded the minimum performance score on 43.5 percent of the standards for adults and 72.0 percent of the standards for the child population, with the adult findings being lower than those reported statewide and the findings for the child population exceeding those reported statewide. These results should be interpreted with caution since the sample size was relatively small ($n = 30$). The sample size was even smaller for some standards because the standard was not applicable to all the records reviewed.

The 2005 performance scores were relatively consistent between the adult and child populations. The largest variances in performance scores between the two populations were for the standards that addressed documentation of an initial assessment or annual update; documentation of a current treatment plan; evidence of symptomatic improvement; and evidence of informed consent. Of the adult records reviewed, 68.2 percent contained evidence of the clinical liaison's active involvement in the oversight of the treatment, which is below the minimum performance score, while 100 percent of the child population records reviewed contained documentation of the active involvement of the clinical liaison.

The table below compares the Pascua Yaqui scores for the adult and child populations to the minimum performance scores.

**Table 5-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Pascua Yaqui**

Standards 1–20				
#	ICR Standard	Minimum Performance Score	Pascua Yaqui Performance	
			Adult	Child
1	Assessments			
	a. Is there an assessment or annual update?	85%	59.1%	75.0%
	b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.	85%	76.9%	66.7%
2	Treatment plans			
	a. Is there a current treatment plan?	85%	59.1%	75.0%
	b. Appropriate treatment is provided based on the diagnosis.	85%	82.4%	87.5%
3	Staff actively engages the following in the treatment planning process:	85%	100.0%	100.0%
	a. Individual		100.0%	100.0%
	b. Family		100.0%	100.0%
	c. Other agencies		100.0%	100.0%
4	Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.	85%	100.0%	100.0%

**Table 5-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Pascua Yaqui**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Pascua Yaqui Performance	
			Adult	Child
5	Outreach/follow-up occurs after:	80%	53.9%	64.3%
	a. Discharge from inpatient		100.0%	100.0%
	b. Discharge from residential		100.0%	*
	c. Missed appointments		33.3%	37.5%
	d. Crisis episodes		100.0%	100.0%
	e. Service refusal		100.0%	100.0%
	f. Medication refusal		100.0%	100.0%
6	FOR DDD MEMBERS ONLY			
	a. CFT: If the individual is < 18 years of age, is there a functioning Child and Family Team?	85%	*	*
	bi. When counseling services are needed, is counseling being provided?	75%	*	*
7	The clinical liaison is actively involved in the oversight of the treatment.	80%	68.2%	100.0%
8	If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.	85%	*	*
	a. Does documentation show services were provided in the recipient's primary language?		*	*
	b. Was the recipient and/or family informed that interpreter services were available?		*	*
9	The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.	60%	*	*
10	Behavioral health care has been coordinated with the member's PCP, as required.	60%	50.0%	*
11	There is evidence of symptomatic improvement.	85%	95.0%	75.0%
12	There is evidence of functional improvement.			
	a. For individuals 0 < 5 years old	85%	*	*
	b. For individuals 5 < 18 years old	85%	*	37.5%
	c. For individuals ≥ 18 years old	85%	85.0%	*
13	For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:	85%	*	*
	a. Lithium blood levels have been ordered and/or obtained		*	*
	b. Thyroid function test (TSH) has been ordered and/or obtained		*	*
	c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained		*	*

*All responses to this question were not applicable.

**Table 5-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Pascua Yaqui**

Standards 1–20

#	ICR Standard	Minimum Performance Score	Pascua Yaqui Performance	
			Adult	Child
14	For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:	85%	33.3%	*
	a. Blood glucose has been ordered and/or obtained		33.3%	*
	b. Lipid levels have been ordered and/or obtained		33.3%	*
	c. Weight/BMI have been obtained		33.3%	*
15	Informed consent for new psychotropic medications:	80%	58.3%	100.0%
	a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period		50.0%	100.0%
	b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:		75.0%	100.0%
	i. Benefits/intended outcome of treatment		100.0	100.0%
	ii. Individual's risk and side effects		100.0%	100.0%
	iii. Possible alternatives to the proposed medication		100.0%	100.0%
	iv. Possible results of not taking the recommended medications		75.0%	100.0%
	v. The person's right to withdraw voluntary consent for medication at any time		75.0%	100.0%
16	For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders:			
	a. Upon initiation of all new antipsychotic medications	85%	0.0%	*
	b. At least annually for individuals continuing on antipsychotic medications	85%	66.7%	*
17	If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.	90%	100.0%	100.0%
18	If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.	75%	50.0%	50.0%
19a	Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?		0.0%	0.0%
19b	Is rationale for combined use present?		*	*
19c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	*	*

*All responses to this question were not applicable.

**Table 5-3—ADHS Independent Case Review 2005:
Results of ICR Standards 1–20 for Pascua Yaqui**

<i>Standards 1–20</i>				
#	ICR Standard	Minimum Performance Score	Pascua Yaqui Performance	
			Adult	Child
20a	Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?		9.1%	0.0%
20b	Is rationale for combined use present?		100.0%	*
20c	Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.	60%	50.0%	*

*All responses to this question were not applicable.

Pascua Yaqui Strengths

Pascua Yaqui met or exceeded the minimum performance score for both adult and child populations for the following standards:

- ◆ Staff actively engage the individual, family, and other agencies in the treatment planning process.
- ◆ Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.
- ◆ Outreach/follow-up occurs after discharge from inpatient and residential settings, crisis episodes, and refusal of services and medication.
- ◆ If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.

Comparing the 2004 ICR results to those of similar 2005 ICR standards, performance did not increase for any of the standards for which the previous year's performance was below the minimum score.

Pascua Yaqui Opportunities for Improvement

The findings for Pascua Yaqui were consistent with statewide findings and identify the following standards as areas of opportunity for improvement for both child and adult populations:

- ◆ There is an assessment or annual update.
- ◆ The initial and/or annual assessment includes documentation addressing the essential elements for each diagnosis or situation.
- ◆ There is a current treatment plan.
- ◆ Appropriate treatment is provided based on the diagnosis.

- ◆ Outreach/follow-up occurs after missed appointments.
- ◆ Behavioral health care has been coordinated with the member's PCP, as required.
- ◆ There is evidence of symptomatic improvement.
- ◆ There is evidence of functional improvement for individuals 5 < 18 years old.
- ◆ Individuals and/or parents/guardians are informed about and give consent for new psychotropic medications.
- ◆ For each individual who is continuously prescribed an atypical antipsychotic, there is documentation that required tests have been completed at least annually.
- ◆ For each individual who has been prescribed antipsychotic medication, there is documentation that the individual has been assessed for movement disorders upon initiation of all new medications, and at least annually for individuals continuing on the medications.
- ◆ If the individual has been prescribed any new psychotropic medication, the record includes documentation of specific target symptoms for each medication.
- ◆ When three or more psychotropic medications within the same class are prescribed simultaneously during the review period, there is documentation of the rationale for combined use.
- ◆ When four or more psychotropic medications from different classes are prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, there is documentation of the rationale for combined use.

A comparison of the 2005 ICR scores to the 2004 ICR scores showed that performance on some of the standards that met or exceeded the minimum score in the 2004 review fell below the minimum performance score for the 2005 ICR. Performance on the standard related to documentation of an assessment or annual update dropped below the minimum performance score for both the adult and child populations, as did the performance on the related standard addressing whether there was sufficient documentation to address the essential elements for each diagnosis or situation.

For the adult population, two additional scores fell below the minimum performance score during 2005, compared to 2004 when they exceeded the score: whether there was documentation of the clinical liaison's active involvement in the oversight of the treatment, and whether behavioral health care was coordinated with the member's PCP, as required. For the standard related to documentation in the record of specific target symptoms for newly prescribed psychotropic medication, the score for the adult population did not meet the minimum performance score and decreased 35.7 percentage points from the 2004 score.

The decrease in performance on these standards may be related to the increase in expectations for the 2005 ICR compared to 2004. For example, the criteria for assigning a positive response for Standard 1 changed significantly for the 2005 review. For the 2004 ICR, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the record. For the 2005 ICR, evidence of documentation of an initial or annual updated assessment was limited to documentation in the standardized assessment form or other formal comprehensive assessment documents. For the standard pertaining to the active involvement of a clinical liaison (Standard 7), the criteria for assigning a positive response changed

between review years. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one individual was considered an acceptable response. To qualify as a positive response in the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by one individual who was clearly identified as the clinical liaison for the member. Pascua Yaqui's scores were consistent with those reported statewide, indicating that these areas were problematic for most regions and should be targeted for improvement.

6. Recommendations

Through its policies, procedures, provider manual, technical assistance documents, performance improvement projects, and the ADHS/DBHS Strategic Plan 2005–2009, ADHS/DBHS has documented and demonstrated its commitment to continued improvements in the processes and programs designed to provide quality care for all populations. The 2005 ICR conducted by HSAG provided ADHS/DBHS with a comprehensive, independent review of the quality of care provided to recipients of behavioral health services funded by Title XIX and Title XXI.

As documented in the body of this report, there has been sustained, strong performance or improvements in performance on a number of the standards measured for 2005 compared with the 2004 ICR results. The results of the 2005 ICR also identified opportunities for continued improvement. These areas addressed requirements for performance related to clinical assessments and treatment plans; outreach following missed appointments, functioning child and family teams for DDD members younger than 18 years of age; documentation of activities performed by the assigned clinical liaison; evidence of functional improvement for individuals 0 to < 5 years of age, 5 to 18 years of age, and greater than 18 years of age, and prescribing clinician practices for individuals receiving psychotropic medications.

The areas identified as having continued opportunities for improvement were those areas where, in the aggregate, the RBHAs' performance fell below the ADHS/DBHS established minimum performance scores. Each of the areas is described below with recommendations for consideration by ADHS/DBHS. In reviewing and addressing the opportunities for improvement, HSAG encourages ADHS/DBHS to not only assess and target improvements to the root causes of low performance (at a system and/or an individual RBHA level), but also to use this as an excellent opportunity to implement Strategy No. 5, Objective No. 1 of the ADHS/DBHS Strategic Plan 2005-2009 that states that ADHS/DBHS should “work with service agencies and collaborative partners such as RBHAs and other State agencies to coordinate the use of best practices.” HSAG suggests that ADHS/DBHS draw on the wealth of best practices that exist within, and, as applicable, outside the ADHS/DBHS system as resources for moving systemwide and/or RBHA-specific improvements forward.

Standard 1—Assessments: (a) There is an initial assessment or annual update.

The minimum performance score of 85 percent was not met for either adults or children, with statewide aggregate scores of 72.1 percent and 79.8 percent respectively. The performance for adults exceeded minimum performance in the 2004 ICR with a statewide RBHA performance of 94.9 percent for adults and 94.8 percent for children. The aggregate performance on the 2005 ICR of 72.1 percent for adults reflected a decrease of 22.8 percentage points. Only one of the RBHAs met or exceeded the minimum performance with a score of 93.9 percent, with the remaining five performing between 65.6 percent and 70.9 percent. The aggregate performance for children showed a similar decrease from 94.8 percent on the 2004 ICR to 79.8 percent on the 2005 ICR, representing a decrease of 15 percentage points. It is important to note, however, that when comparing performance between the two years, the criteria for assigning a positive response changed significantly for the 2005 review. For the 2004 review, documentation of an initial or annual updated assessment could be counted even if portions of the assessment were found in any number of places in the records. For the 2005 review, evidence of documentation of an initial or annual updated assessment was limited to documentation in

the standardized assessment form or other formal comprehensive assessment document (e.g., the comprehensive psychiatric assessment, etc.).

Recommendations:

ADHS/DBHS has demonstrated a strategic and comprehensive focus on ensuring that initial and annual assessments are completed for each individual receiving services through its plans, activities, and training of staff over the past several years. ADHS/DBHS developed, through a collaborative and inclusive process with the RBHAs, standardized forms for documenting assessments (and service plans) and provided extensive training on and expectations for the use of the forms. Strategy No. 2, Objective No. 2 of the ADHS/DBHS Strategic Plan 2005-2009 documents ADHS/DBHS' continued commitment to ensure that individual assessments and plans of care are completed for every individual and family member. Furthermore, Strategy No. 4, Objective No. 1 addresses the activities for developing and implementing an early childhood assessment. An identified step toward achieving this objective was to target interventions, as necessary, as a result of findings from the ICR.

ADHS is encouraged to continue its efforts to improve performance related to assessments as outlined in its strategic plan. In addition, ADHS may want to work collaboratively with the RBHAs to (1) determine either systemically or with individual RBHAs if the root cause for the decrease in performance from the 2004 ICR was that assessments were not present at all or there was a lack of documented assessments using the standardized assessment form or other formal comprehensive assessment format, and (2) target ongoing monitoring and improvement actions in areas that would have the greatest impact on performance.

Standard 2—Treatment plans: (a) There is a current treatment plan, and (b) Appropriate treatment is provided based on the diagnosis.

The minimum performance score of 85 percent was not met for either adults or children for the standard that assessed whether there was a current treatment plan, with a statewide aggregate performance of 74.6 percent for adults and 82 percent for children. Only one RBHA met or exceeded the minimum performance score. Performance for each of the RBHAs was stronger for children than for adults.

The minimum performance score of 85 percent was not met for either adults or children for the standard that assessed if appropriate treatment was provided based on the diagnosis. The statewide aggregate performance was 74.3 percent for adults and 79.4 percent for children, with the performance of individual RBHAs ranging from a low of 68.4 percent to a high of 78.6 percent for adults and a low of 75.6 percent to a high of 83.7 percent for children.

Recommendations:

ADHS/DBHS has demonstrated a strong and focused commitment to ensuring that there is a treatment plan for all individuals receiving services and that it is based on the their diagnosis. The collaborative process described in Standard 1 related to assessments also involved a focus on treatment planning and the development of standardized assessment/service plan forms for documenting initial and updated treatment/service plans.

HSAG encourages ADHS/DBHS to continue its focus on improving performance related to documented evidence that treatment plans are current and based on the diagnosis. Because this was the first year for assessing if treatment plans were based on the diagnosis, it will be important for ADHS to have mechanisms to ensure that the RBHAs have processes for ongoing monitoring and improving provider performance in this area.

Standard 5—Outreach/follow-up occurs after (c) missed appointments.

The minimum performance score for required follow-up was 80 percent. While the statewide aggregate roll-up performance for the standard for both adults and children was only 66.8 percent and 76.7 percent respectively, the RBHAs met or exceeded the minimum performance score for adults and children for all but one of the subelements (i.e., follow-up after discharge from inpatient and residential, crisis episodes, and medication and service refusal). The one area that impacted (lowered) the roll-up score for both adults and children was the follow-up required after missed appointments, with a RBHA aggregate performance of 51.6 percent for adults and 67.6 percent for children. However, performance on this element increased by 6.6 percentage points for adults and by 6.6 percent for children compared to the 2004 ICR.

Recommendations:

ADHS/DBHS is to be commended for performance above the minimum for outreach/follow-up after discharge from inpatient and residential settings, crisis episodes, and refusal of medication and services. While ADHS has defined the expectations related to outreach and follow-up in the provider manual (Section 3.8, Outreach, Engagement, Re-Engagement and Closure), performance on follow-up after missed appointments has remained a challenge for the RBHAs, as reflected in both the 2004 ICR and 2005 ICR findings. In the 2004 ICR report, HSAG encouraged ADHS to consider defining the criteria requiring follow-up more narrowly than 100 percent of the time for 100 percent of members for 100 percent of scheduled appointments. However, ADHS/DBHS' criteria for performance receiving a positive response for the 2005 ICR did not include a more narrow criteria. It may be helpful for ADHS/DBHS and/or the RBHAs to determine if the lower-than-expected performance was a function primarily of failure to perform the outreach/follow-up, failure to include documentation of the outreach/follow-up in the clinical record, or a combination of the two. It would also seem important to determine if ADHS/DBHS, the RBHAs, and providers are consistent in their understanding of the types of activities considered outreach and follow-up, the time frame following a missed appointment within which the activity has to occur to be considered follow-up, and where and how the activity should be documented.

Standard 6a—(For DDD Members only): CFT: If the individual is < 18 years of age, there is a functioning child and family team.

The minimum performance score for this standard was 85 percent. The aggregate performance was 63.2 percent. The performance of the RBHAs varied widely, with two of the RBHAs performing at 100 percent. None of the other RBHAs met the minimum expected level, with scores ranging from 0 to 75 percent. It is important to note that the aggregate score was based on a review of 19 total records with the number of records reviewed for each RBHA ranging between two and six records. To receive a positive response, the documentation had to provide evidence that the CFT functioned in accordance with the ADHS definition and the technical assistance document related to the CFT process.

Recommendations:

ADHS has continued to work collaboratively with the RBHAs, other state agencies, and consumers/family members in the implementation of a CFT model of service delivery across the children's system. The Child and Family Team Process Technical Assistance Document 3 defines the key elements and steps in the CFT process.

Given the very specific definition and criteria to be met in order to be considered a functioning CFT and the limited number of records of DDD individuals younger than 18 years of age that were reviewed for each RBHA, it would seem important for ADHS/DBHS to work with RBHAs whose performance fell below the minimum expected performance to determine if the failure to perform reflected (1) an adverse sample, and upon review of a larger number of records, performance is shown to be stronger than the results of the ICR; (2) failure to document compliance with one or more of the specifications required to qualify as a functioning CFT; (3) failure to clearly understand all the requirements; or (4) a combination of these or other factors. Once the underlying factors contributing to the failure to perform at the minimum expected level have been identified, ADHS will want to ensure that the RBHAs develop targeted interventions and mechanisms to ensure improvement in their performance.

Standard 7—The clinical liaison is actively involved in the oversight of the treatment.

The minimum performance score for this standard was 80 percent. The aggregate RBHA performance for adults was 75 percent and 79.8 percent for children. While the aggregate performance on the 2005 review was lower than it was on the 2004 review (by 20.5 percent for adults and 15.8 percent for children), the criteria for assigning a positive response changed between the reviews. For the 2004 ICR, documentation that the activities (designated as the responsibility of the clinical liaison) had been performed by one or more individuals was considered evidence of coordination and oversight. For the 2005 ICR, documentation had to demonstrate that oversight and coordination activities were performed by an individual who was clearly identified as the clinical liaison for the member.

Recommendations:

ADHS/DBHS, as part of its commendable and focused improvement activities related to clinical assessments and treatment planning, developed expectations for a single behavioral health clinician,

designated as the clinical liaison, to serve as the fixed point of accountability to ensure active treatment and continuity of care between providers, settings, and treatment episodes. Strategy No. 2, Objective No. 2 of the ADHS/DBHS Strategic Plan outlined the steps that have been accomplished and that will continue related to the role and responsibilities of the clinical liaison. The ADHS/DBHS Provider Manual, Section 3.7, Clinical Liaison, addressed the roles, functions, and requirements of the clinical liaison and expectations related to assignment and identification of the position.

As noted above, the criteria used by reviewers for the 2005 ICR for determining the RBHAs' performance differed considerably from that used for the 2004 review with respect to the identity of the individual(s) performing the functions designated as the responsibility of a single, identified clinical liaison. Given the change to a more stringent criteria for demonstrating compliance with the requirement, it would seem important for ADHS to work with the RBHAs to ensure that the RBHAs and their providers are clear about the type of documentation required to demonstrate compliance with the requirement, including the requirement to demonstrate that the activities designated as functions of the clinical liaison are performed by and clearly documented as having been performed by the assigned clinical liaison. In addition, ADHS is encouraged to continue to implement its strategic plan activities directed toward ensuring compliance with requirements, roles, and functions related to the clinical liaison position, and to implement actions to improve performance as a result of the findings.

Standard 12—There is evidence of functional improvement for (b) individuals 5 < 18 years old and (c) individuals ≥ 18 years old.

The aggregate performance of the RBHAs for this standard was 3.9 percent above the minimum performance score of 85 percent for children younger than 5 years of age, but below the minimum for individuals 5 to 18 years of age (71.7 percent) and those 18 years of age or older (72.2 percent).

Recommendations:

With respect to performance on this standard, as is the case with findings from reviews of clinical records in general, one of the first questions that arises when performance is less than expected is whether negative findings reflect a failure related to compliance with the requirement or a failure to clearly and completely document an activity or an outcome. It seems reasonable to anticipate that ADHS/DBHS' strategic objective to continue a focus on the quality of assessments and treatment planning and the use of standardized forms for documenting both will result in improved performance in this area. ADHS/DBHS is encouraged to continue to provide guidance to and monitor performance of the RBHAs regarding expectations for assessing level of functioning, identifying interventions designed to improve functioning, and documenting the evidence of improvement for individuals of all ages.

Standard 14—For each individual who is continuously prescribed an atypical antipsychotic during the study period, there is documentation that the following have been completed at least annually: (a) Blood glucose has been ordered and/or obtained, (b) Lipid levels have been ordered and/or obtained, and (c) Weight/BMI have been obtained.

The minimum performance score for this standard and each subelement was 85 percent. The aggregate roll-up performance was 60.3 percent for adults and 56.6 percent for children. The aggregate performance fell below the minimum expected for each of the subelements for both adults and children. One RBHA performed at or above the minimum expected for all three subelements for adults and another RBHA performed similarly for children. A third RBHA performed above the minimum performance score for one of the subelements for children. With these exceptions, performance across the RBHAs on the subelements was below the minimum. It is important to note that in some of the records, while reviewers found documentation that stated laboratory tests had been ordered, there was no documentation that identified the specific tests (e.g., thyroid test ordered).

Standard 15—Informed consent for new psychotropic medications: (a) Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period.

The minimum performance score for this standard was 80 percent. The aggregate performance for all requirements related to Subpart b (which required documentation of providing information to the individual and/or parent/guardian about the medication) was at or above the minimum. The aggregate performance related to documentation that the individual and/or parent/guardian was informed about and gave consent for all new psychotropic medications prescribed during the review period was 72.3 percent for adults and 76.7 percent for children. It is important to note and it is commendable that in the 2005 ICR, performance increased by 8.1 percent for adults and 7.8 percent for children compared to the 2004 ICR.

Standard 16—For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders: (a) Upon initiation of all new antipsychotic medications and (b) At least annually for individuals continuing on antipsychotic medications.

The minimum performance score for this standard was 85 percent. The RBHAs' aggregate performance was below the minimum on each of the requirements for both adults and children. However, the RBHAs performed better on the requirement for annual assessment of movement disorders than they did on the requirement for an initial assessment following initiation of all new antipsychotic medications. None of the RBHAs met or exceeded the minimum performance score for assessment following medication initiation for either adults or children. One RBHA exceeded the minimum for annual assessments for adults, with a second RBHA performing just below (84.5 percent) the minimum. Three RBHAs exceeded the minimum performance score for annual assessments for children, with one of the three performing at 100 percent and the other two at 87.5 percent.

Standard 18—If the individual has been prescribed any new psychotropic medications during the review period, the record includes documentation of specific target symptoms for each medication.

The minimum performance score for this standard was 75 percent. The aggregate performance was 72.7 percent for adults and 72.2 percent for children. Two of the RBHAs met or exceeded the minimum performance requirement for adults and four RBHAs met or exceeded the requirement for children.

Recommendations for Standards 14, 15, 16, and 18, which address requirements for provider practices related to prescribing psychotropic medications:

ADHS has demonstrated a clear and focused commitment to ensuring the safe and effective use of psychotropic medications through (1) the development of policies and procedures (e.g., the provider manual, Section 3.15, Psychotropic Medication: Prescribing and Monitoring) and technical assistance documents (e.g., Technical Assistance Document 9, Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation) to provide guidance to prescribing practitioners, and (2) the selection and implementation of a performance improvement project—Informed Consent for Psychotropic Medication Prescription. ADHS is encouraged to continue its focus on ensuring that practices related to prescribing psychotropic medications follow ADHS/DBHS guidelines and policy requirements, with special attention to those areas that continue to pose a challenge to providers in either their clinical practice and/or their documentation. ADHS should focus on ensuring that there is documented evidence that:

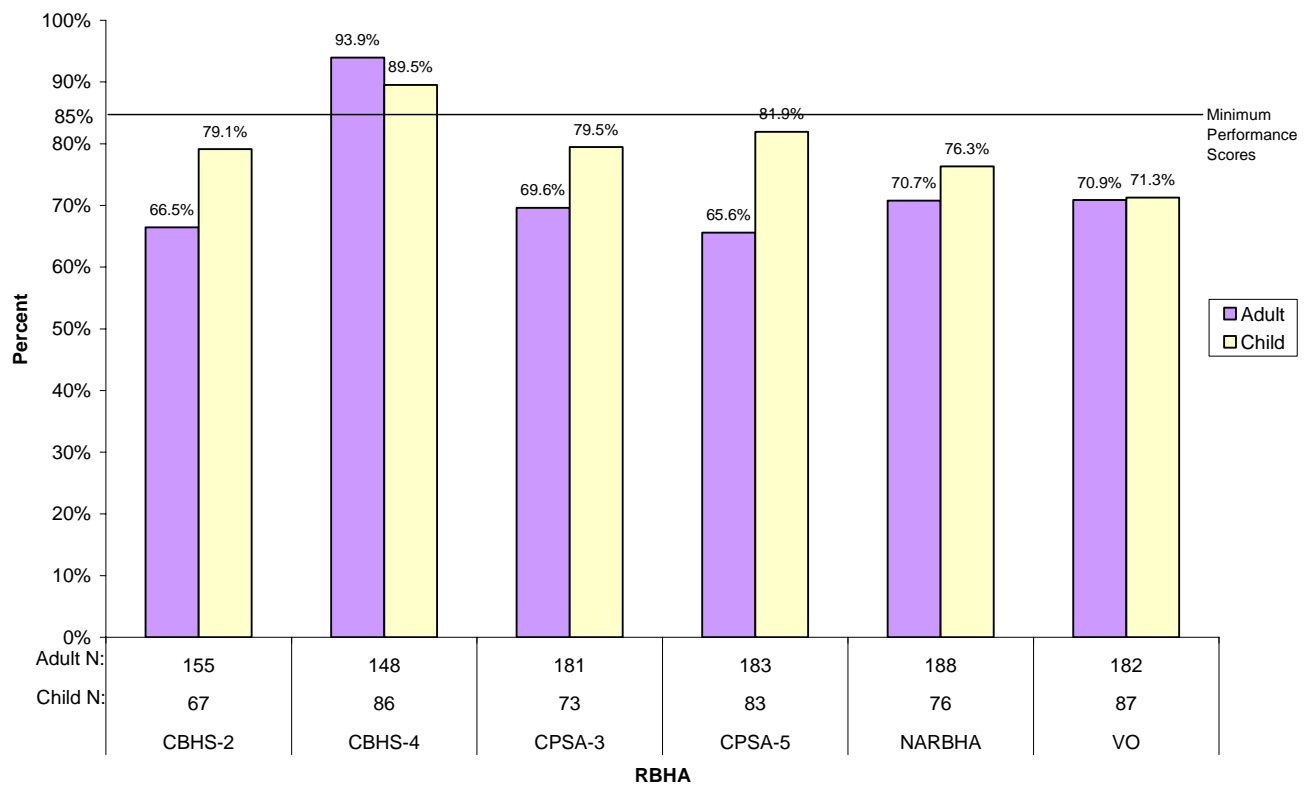
- ◆ Required tests were ordered and/or obtained following the initiation of psychotropic medications and annually thereafter when individuals are continued on the medications.
- ◆ The individual/family/guardian was informed about and gave informed consent for all new medications.
- ◆ Individuals were assessed for movement disorders following the initiation of antipsychotic medications and annually thereafter while continued on the medications.
- ◆ Documentation in the record includes specific target symptoms for each new psychotropic medication that is prescribed.

Appendix A. **Adult and Child Graphs by RBHA**

Appendix A contains the bar graphs for each of the standards, illustrating the adult and child results for each standard by RBHA.

Standard 1a

**Figure A-1—ADHS Independent Case Review 2005:
Standard 1a**

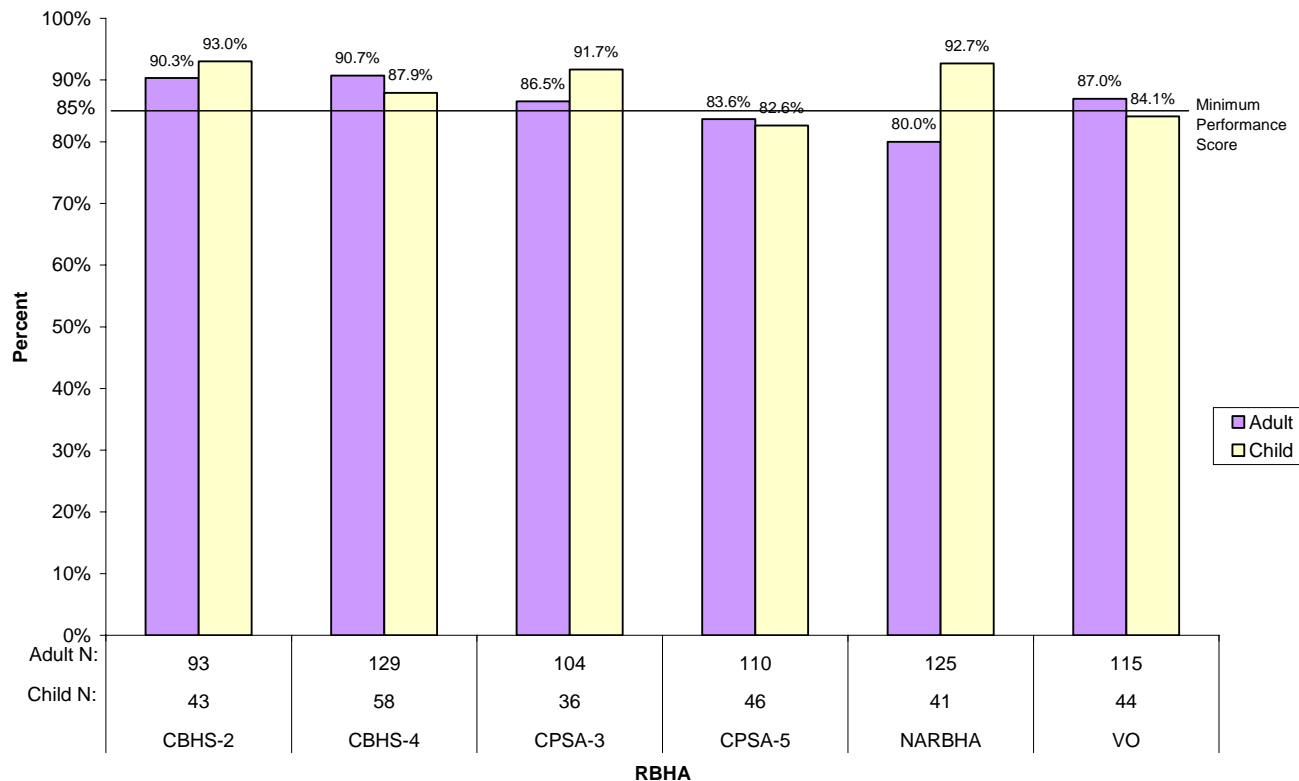


Standard 1a Assessments

- a. Is there an initial assessment or annual update?

Standard 1b

**Figure A-2—ADHS Independent Case Review 2005:
Standard 1b**

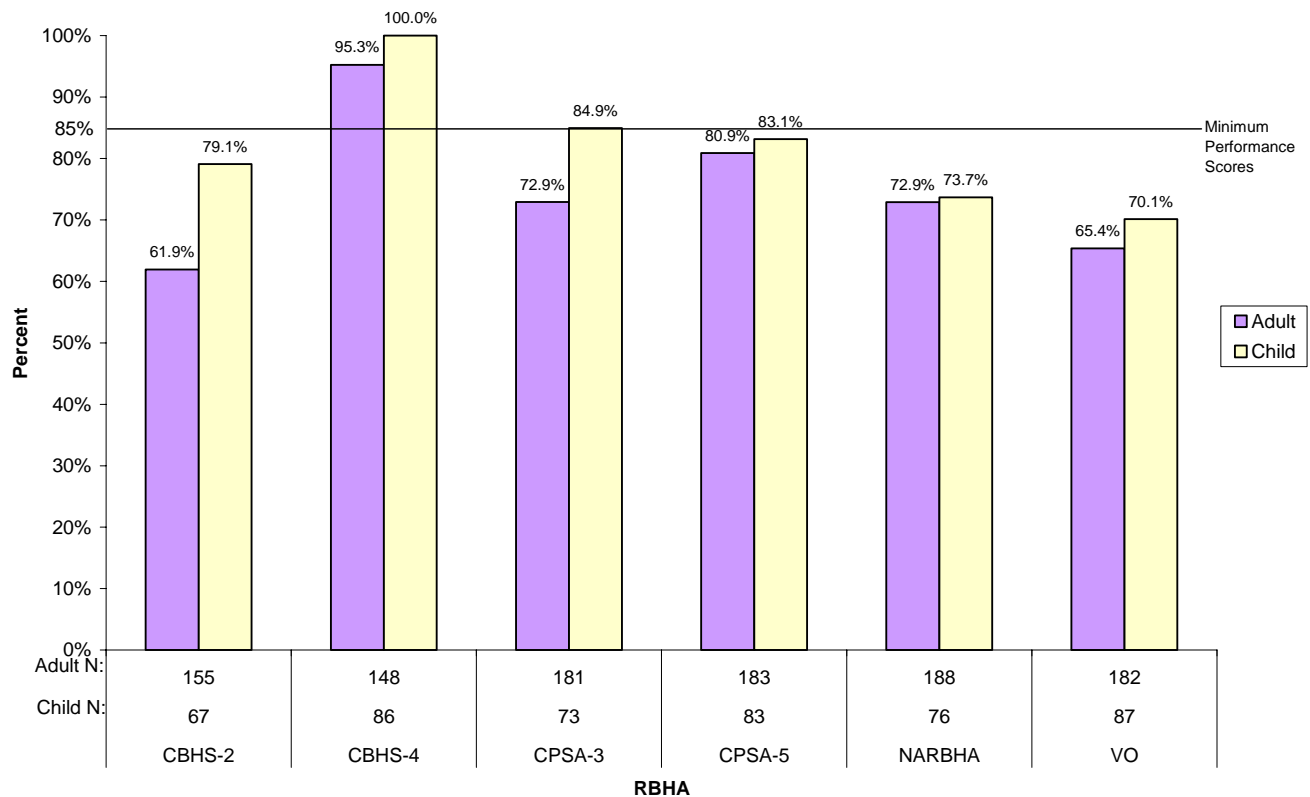


Standard 1b Assessments

- b. The initial and/or annual assessment (including physician progress notes) includes documentation addressing the essential elements for each diagnosis or situation.

Standard 2a

**Figure A-3—ADHS Independent Case Review 2005:
Standard 2a**



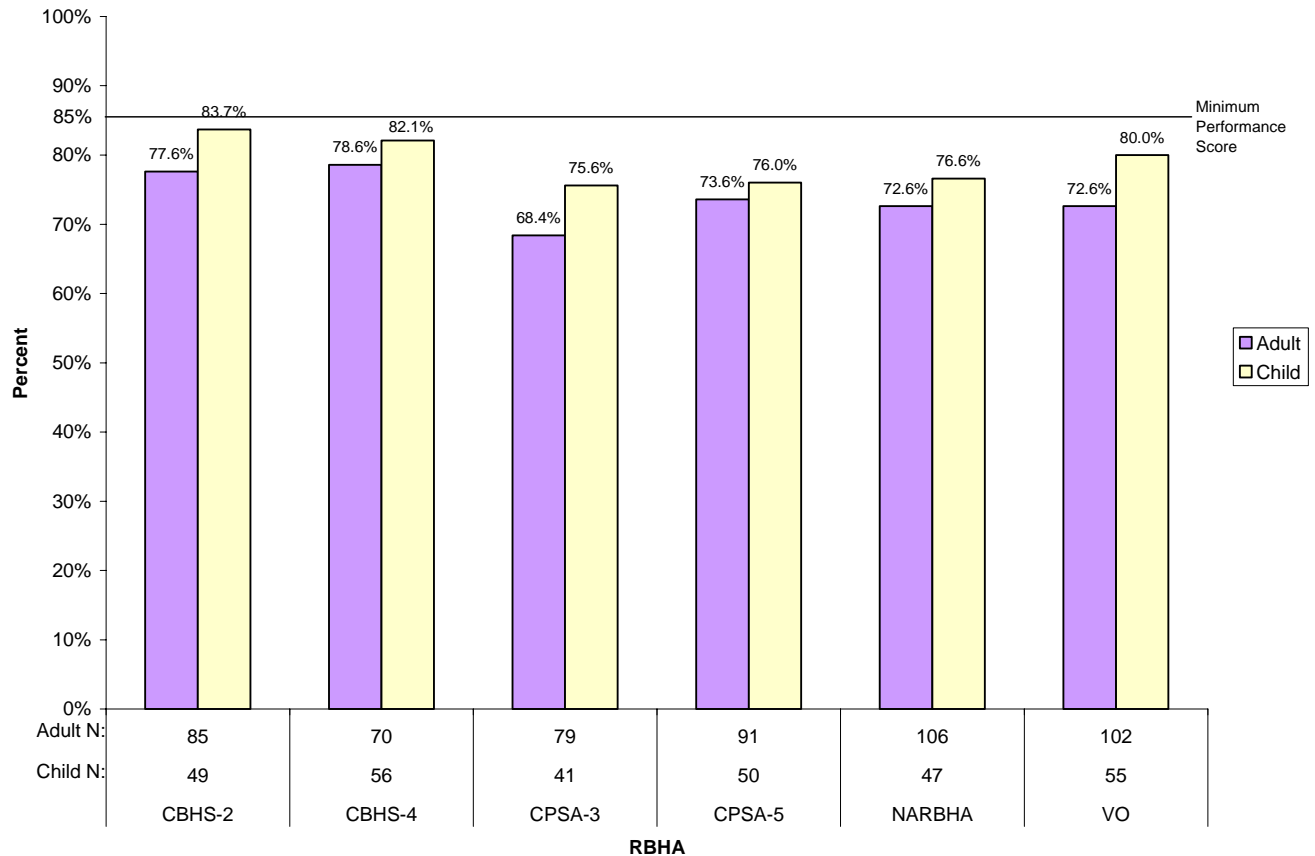
Standard 2a

Treatment plans

- a. Is there a current treatment plan?

Standard 2b

**Figure A-4—ADHS Independent Case Review 2005:
Standard 2b**



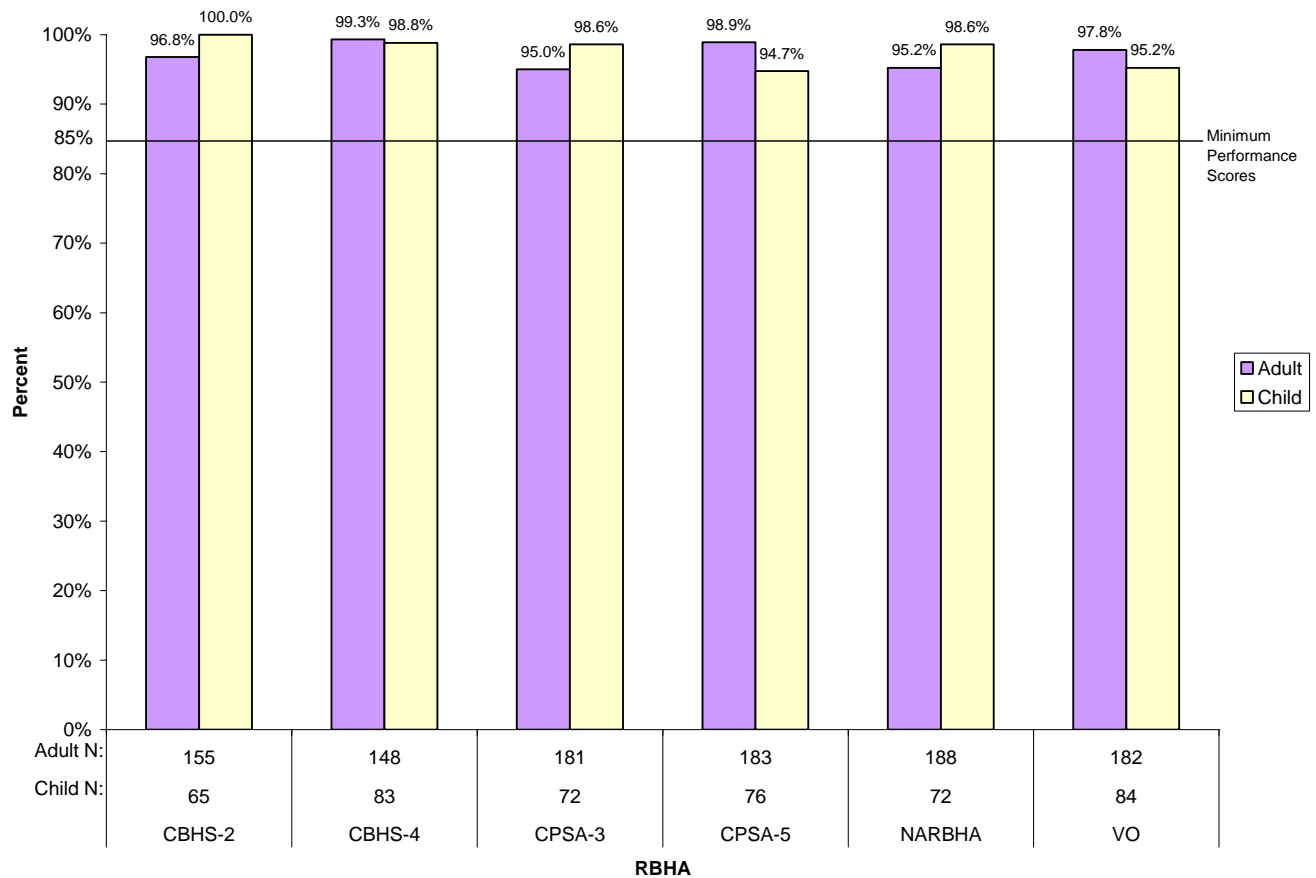
Standard 2b

Treatment plans

- b. Appropriate treatment is provided based on the diagnosis.

Standard 3a

**Figure A-5—ADHS Independent Case Review 2005:
Standard 3a**

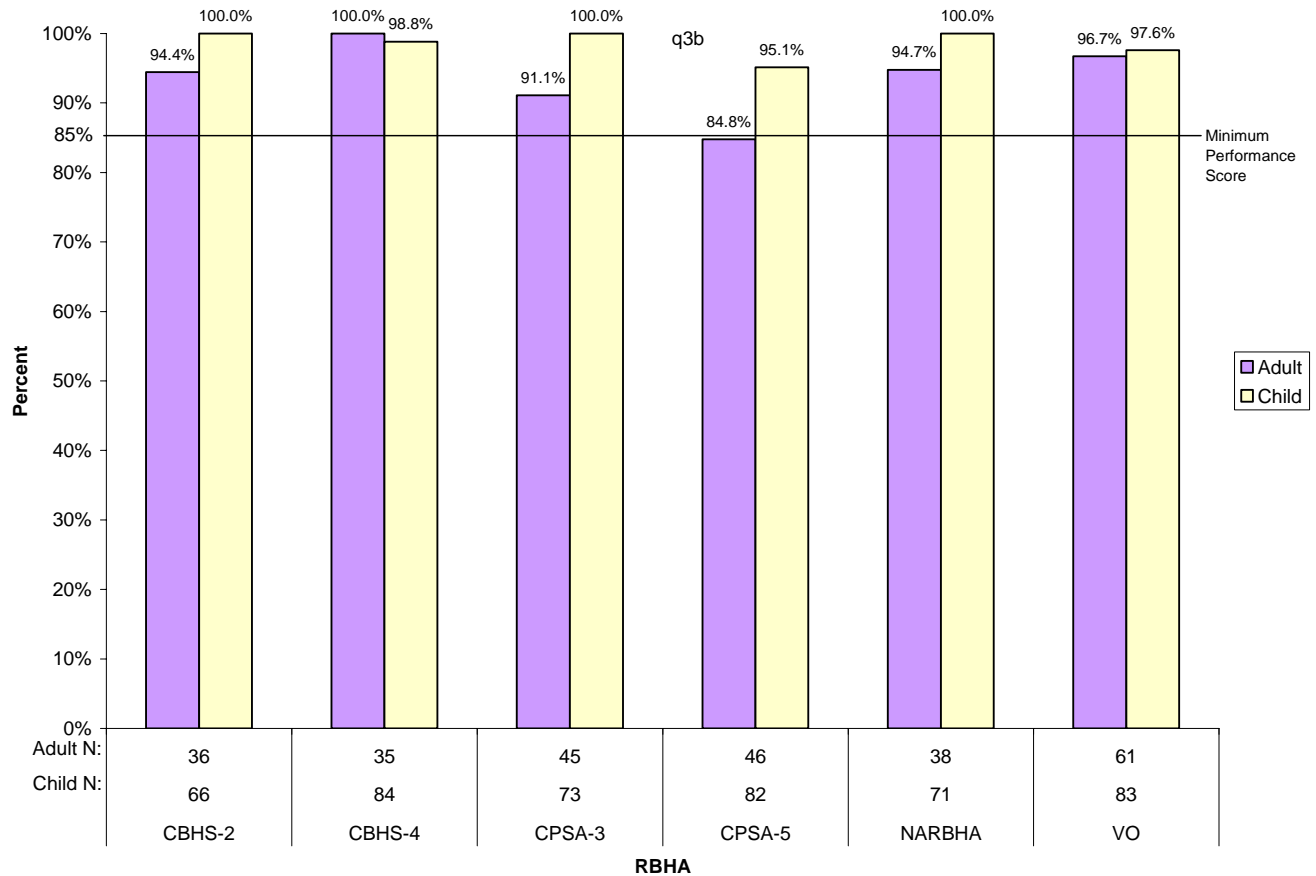


Standard 3a | Staff actively engages the following in the treatment planning process:

- Individual

Standard 3b

**Figure A-6—ADHS Independent Case Review 2005:
Standard 3b**

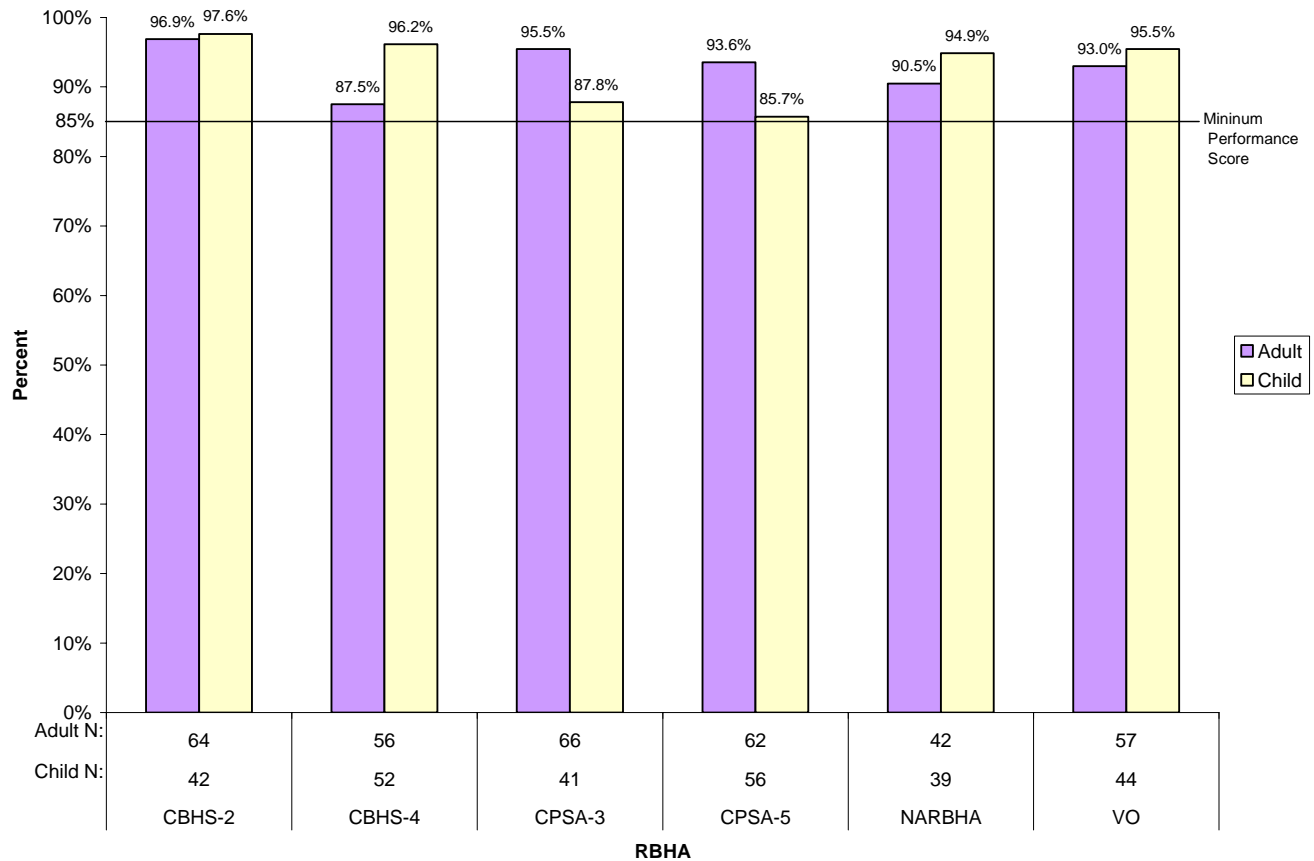


Standard 3b | Staff actively engages the following in the treatment planning process:

- b. Family

Standard 3c

**Figure A-7—ADHS Independent Case Review 2005:
Standard 3c**



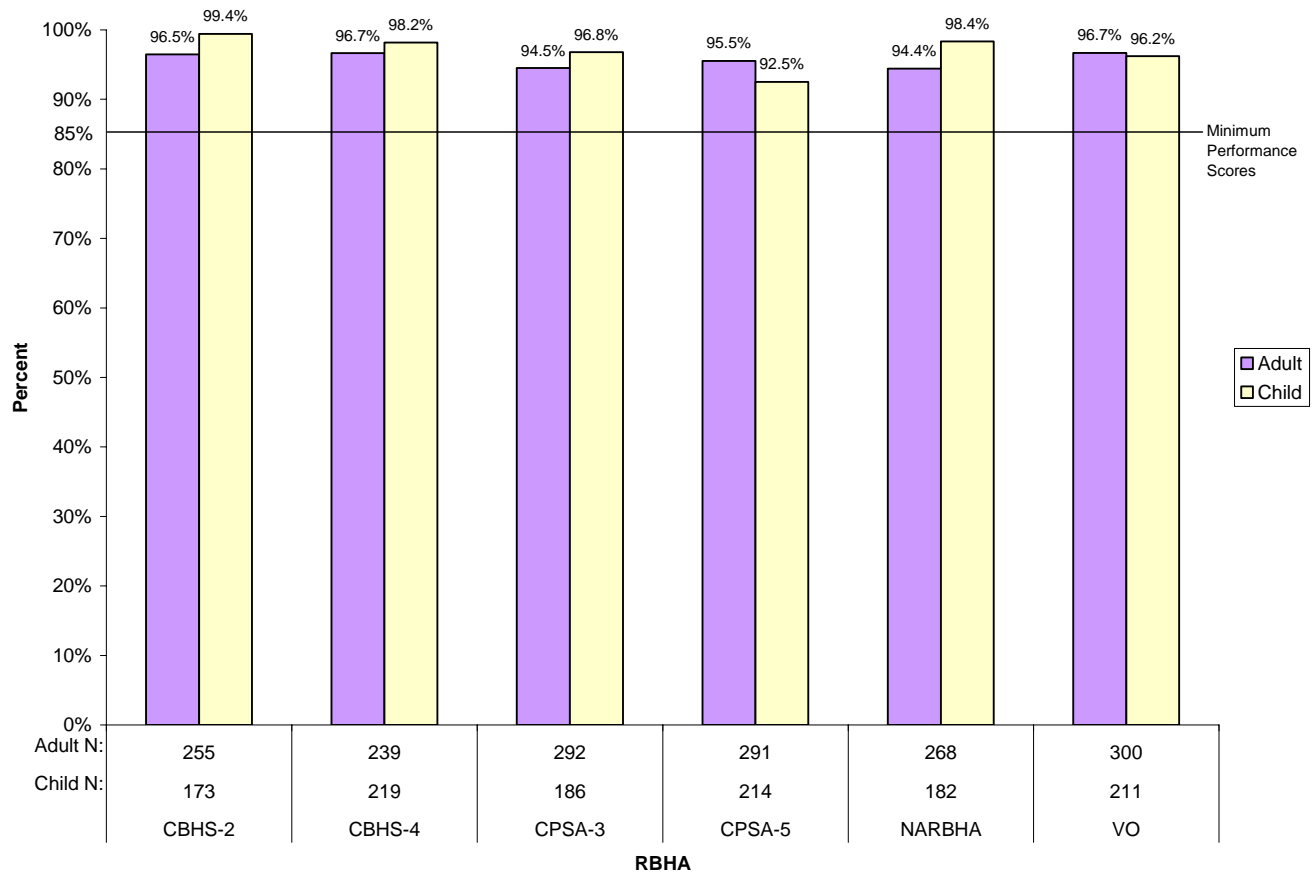
Standard 3c

Staff actively engages the following in the treatment planning process:

- c. Other agencies

Standard 3a–c

**Figure A-8—ADHS Independent Case Review 2005:
Standard 3a–c**



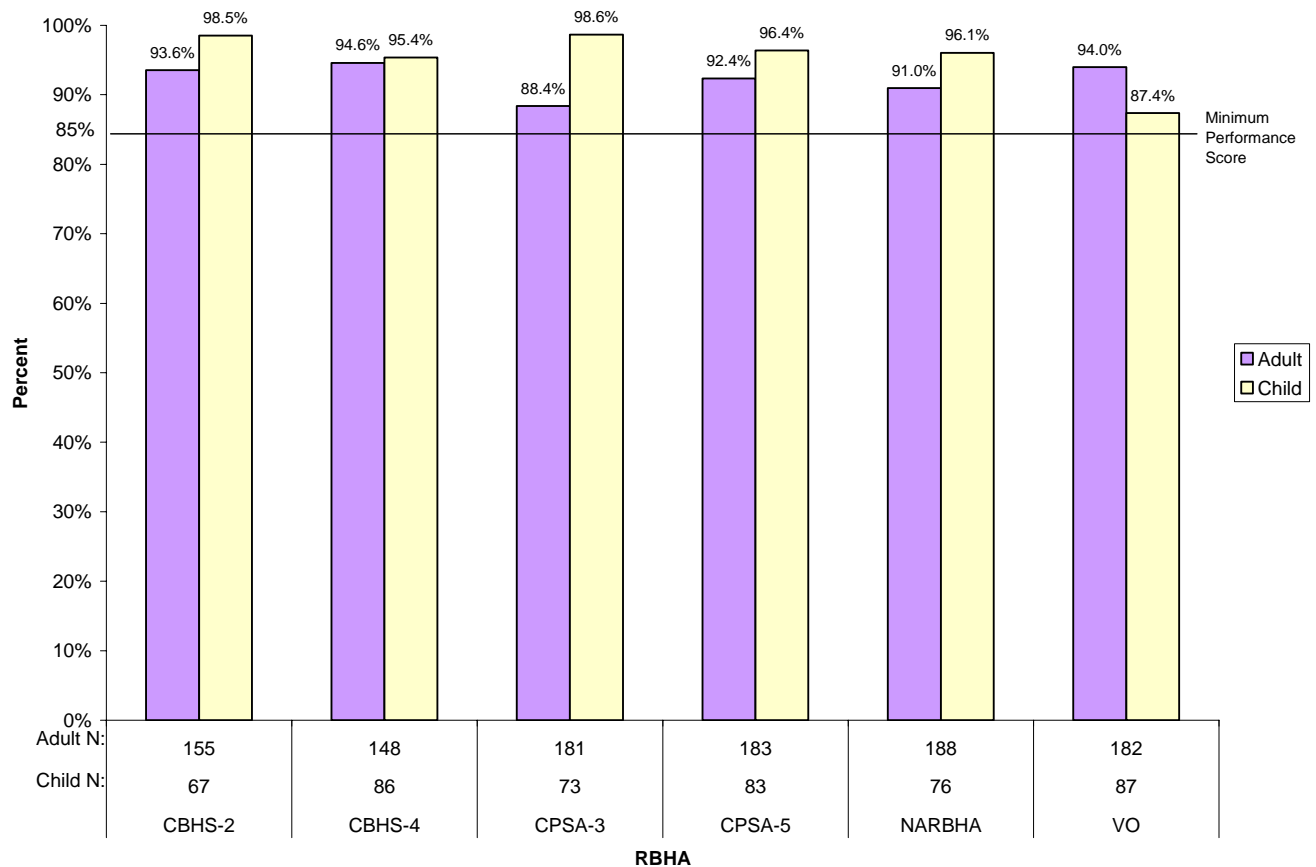
Standard 3a–c

Staff actively engages the following in the treatment planning process:

- a. Individual
- b. Family
- c. Other agencies

Standard 4

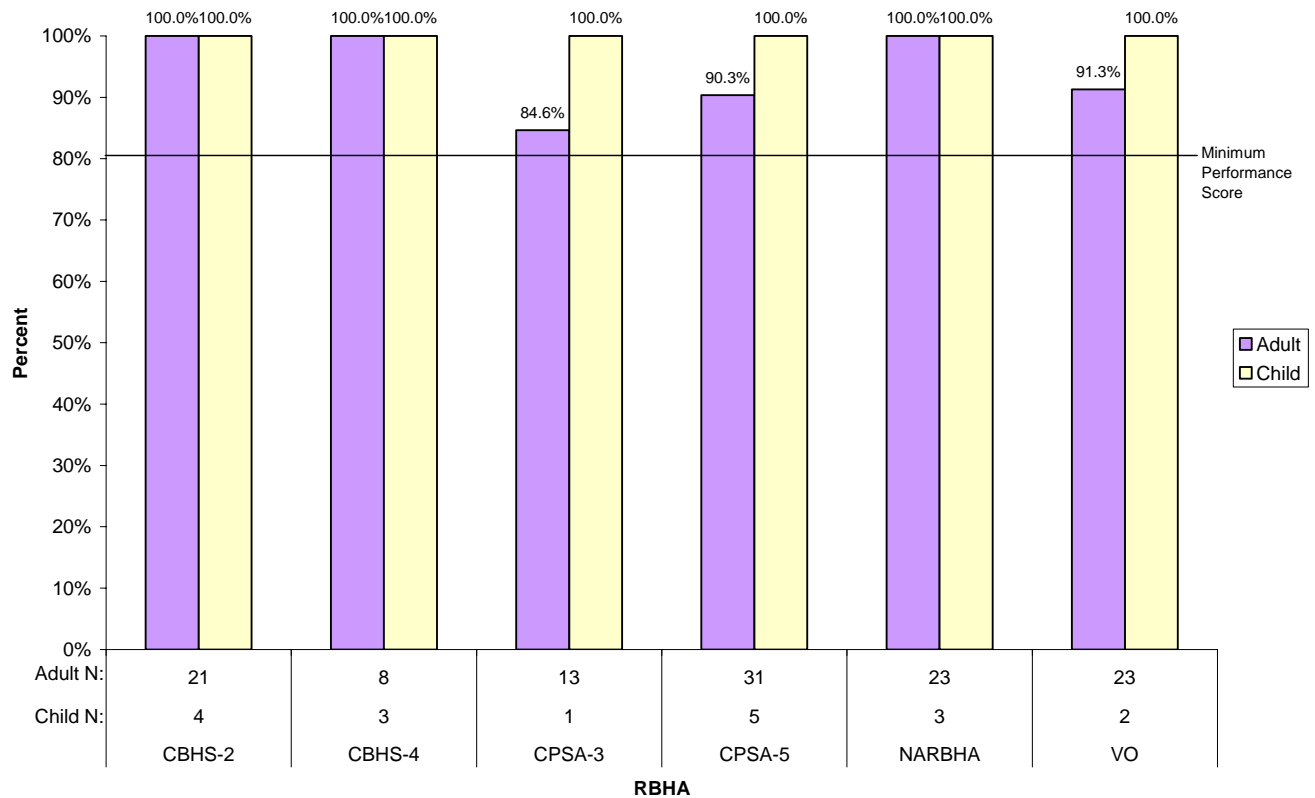
**Figure A-9—ADHS Independent Case Review 2005:
Standard 4**



Standard 4 Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations.

Standard 5a

**Figure A-10—ADHS Independent Case Review 2005:
Standard 5a**



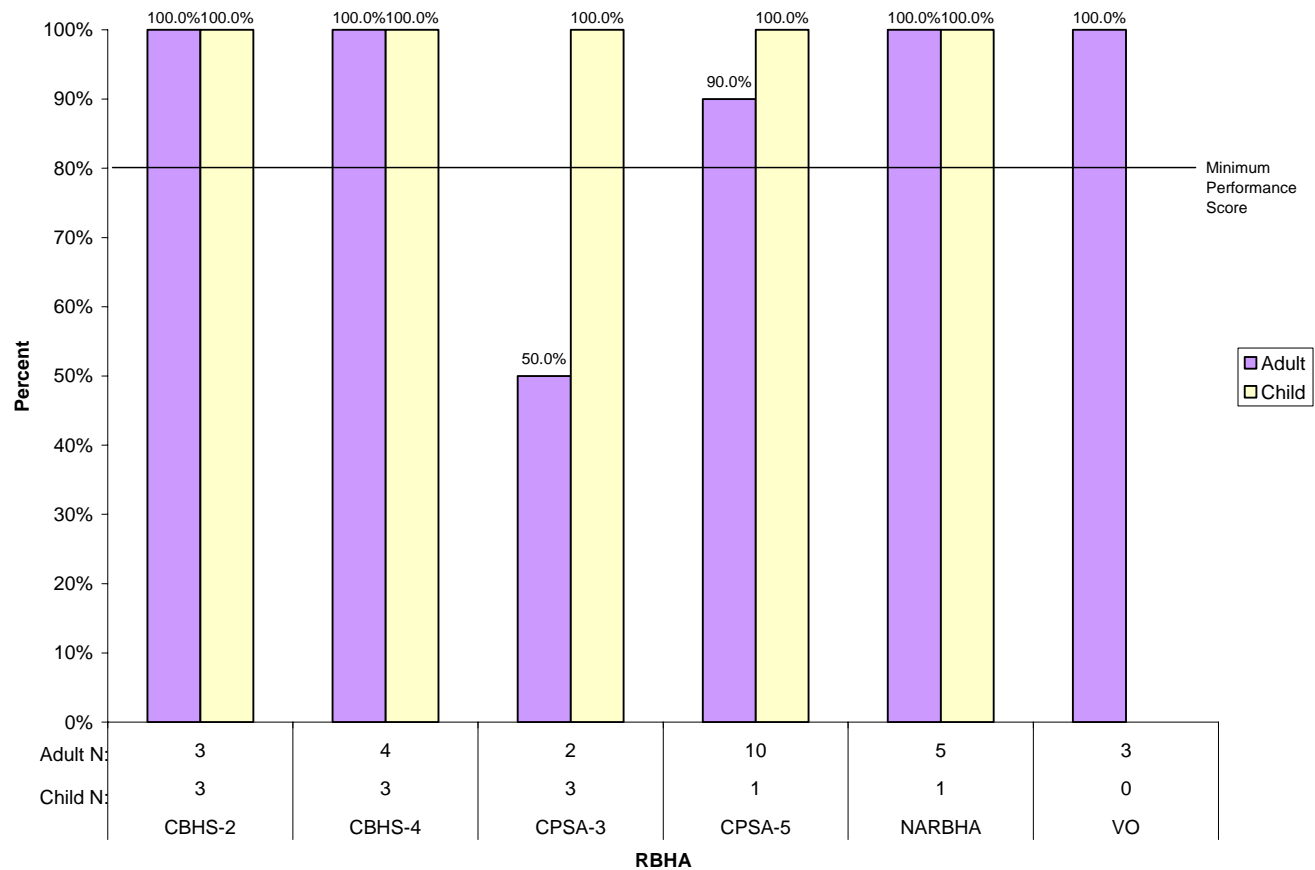
Standard 5a

Outreach/follow-up occurs after:

- a. Discharge from inpatient

Standard 5b

**Figure A-11—ADHS Independent Case Review 2005:
Standard 5b**

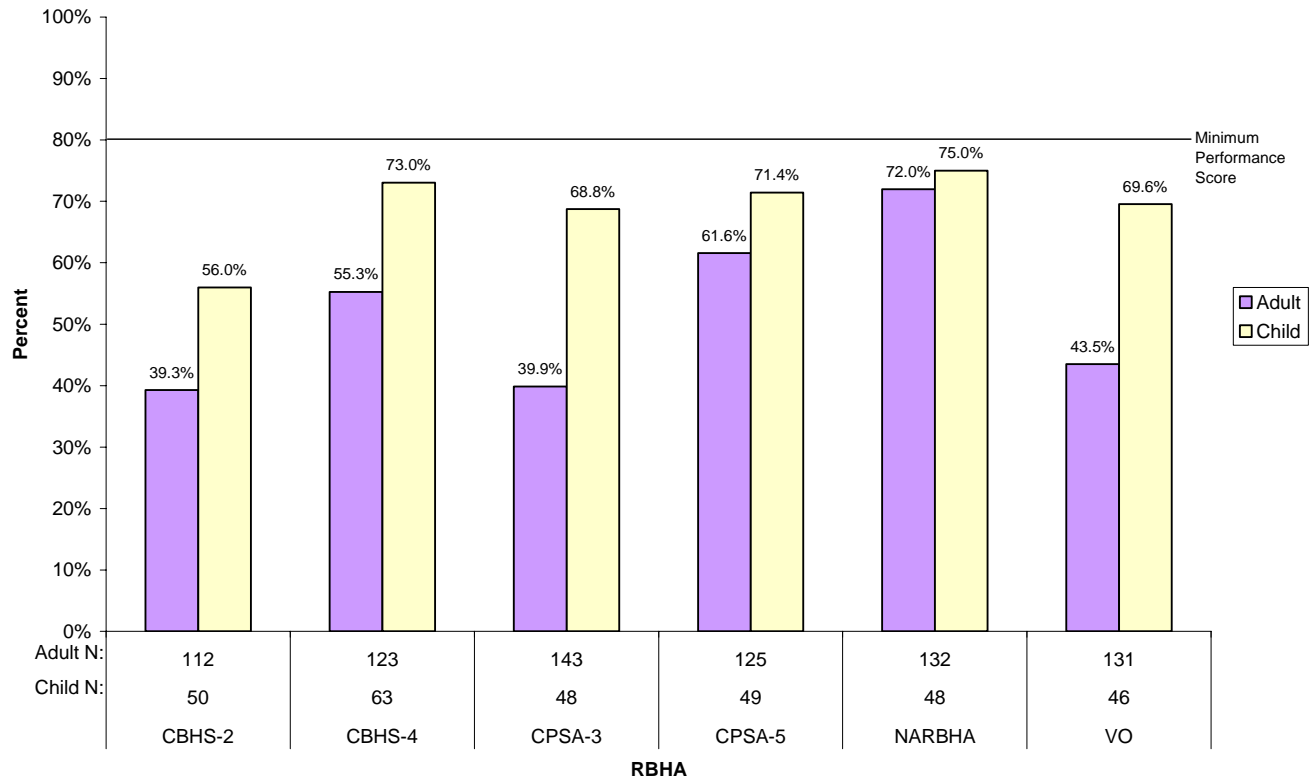


Standard 5b

Outreach/follow-up occurs after:
b. Discharge from residential

Standard 5c

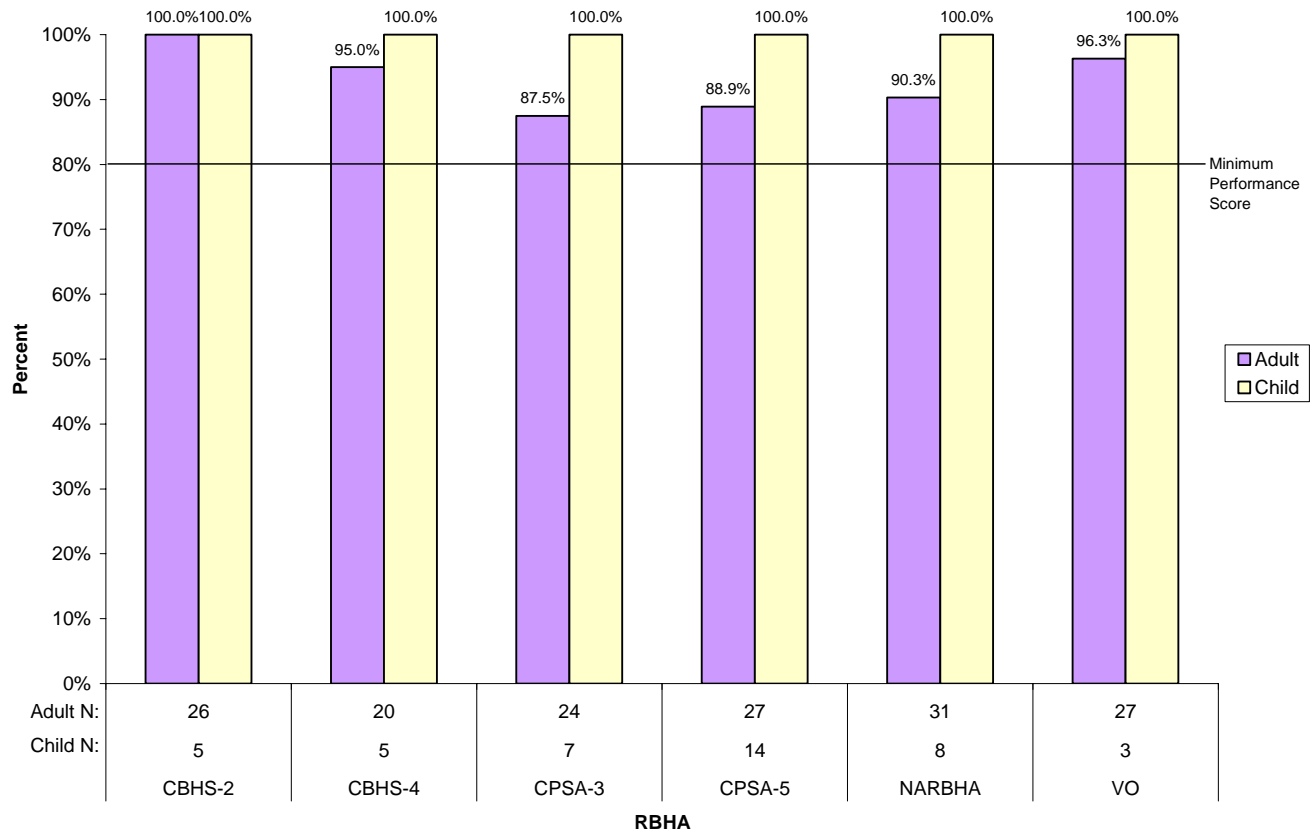
**Figure A-12—ADHS Independent Case Review 2005:
Standard 5c**



Standard 5c | Outreach/follow-up occurs after:
c. Missed appointments

Standard 5d

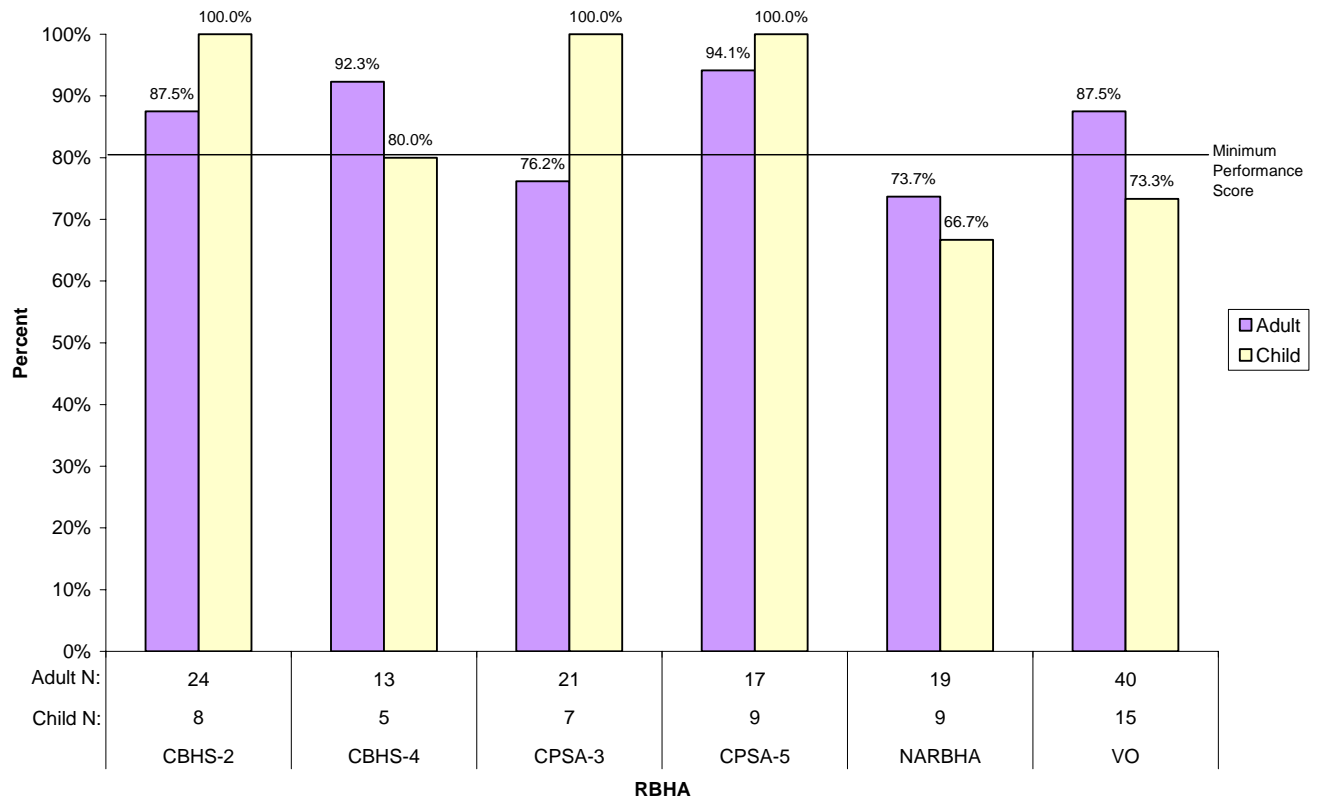
**Figure A-13—ADHS Independent Case Review 2005:
Standard 5d**



Standard 5d | Outreach/follow-up occurs after:
d. Crisis episodes

Standard 5e

**Figure A-14—ADHS Independent Case Review 2005:
Standard 5e**



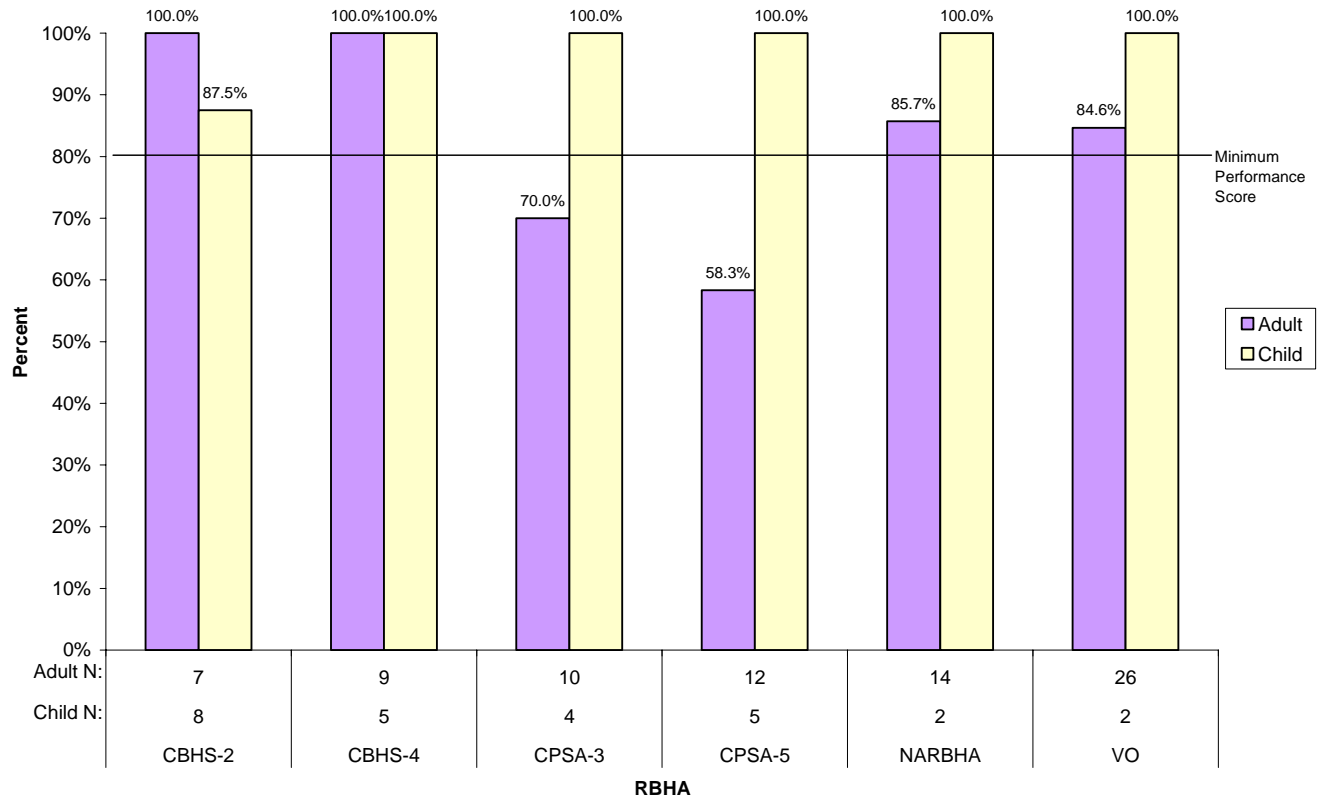
Standard 5e

Outreach/follow-up occurs after:

e. Service refusal

Standard 5f

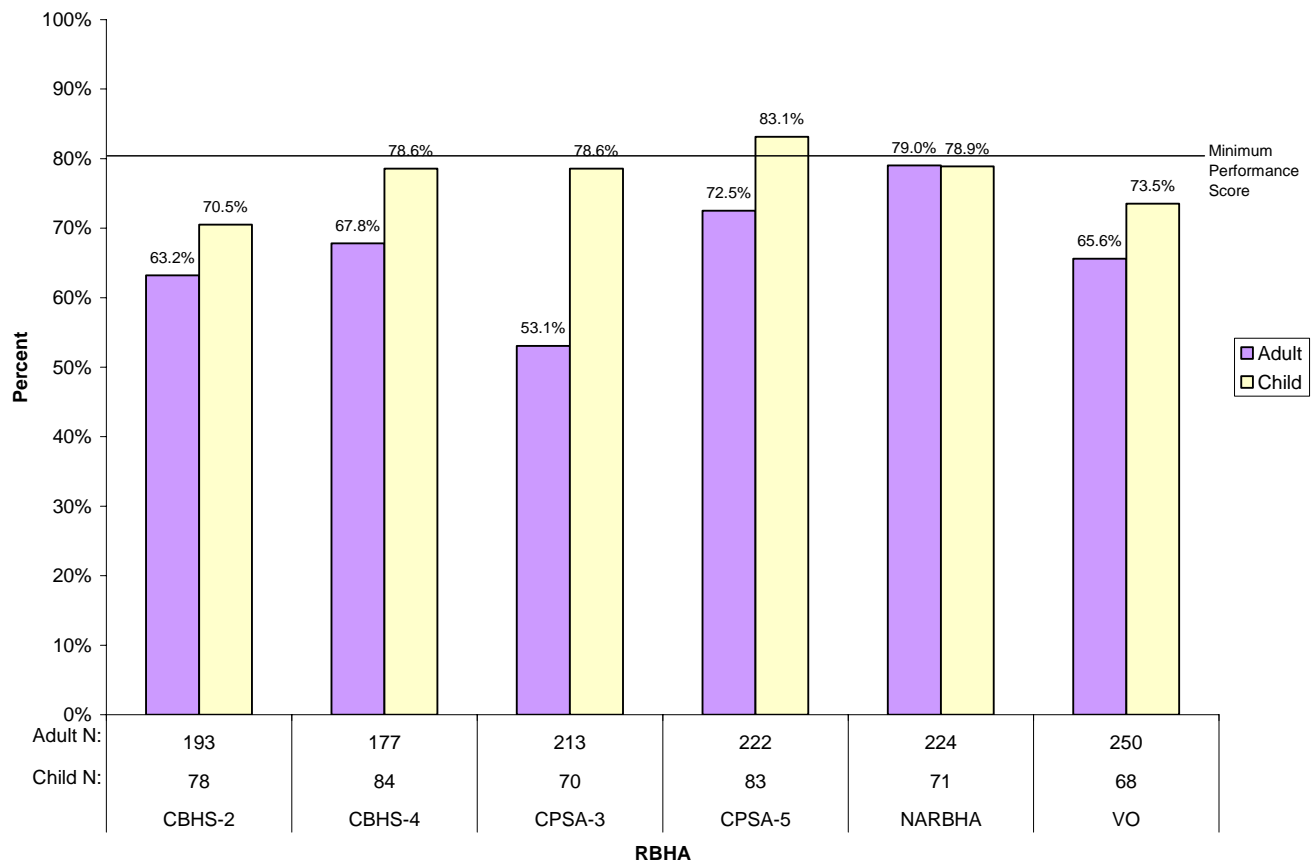
**Figure A-15—ADHS Independent Case Review 2005:
Standard 5f**



Standard 5f Outreach/follow-up occurs after:
f. Medication refusal

Standard 5a-f

**Figure A-16—ADHS Independent Case Review 2005:
Standard 5a-f**



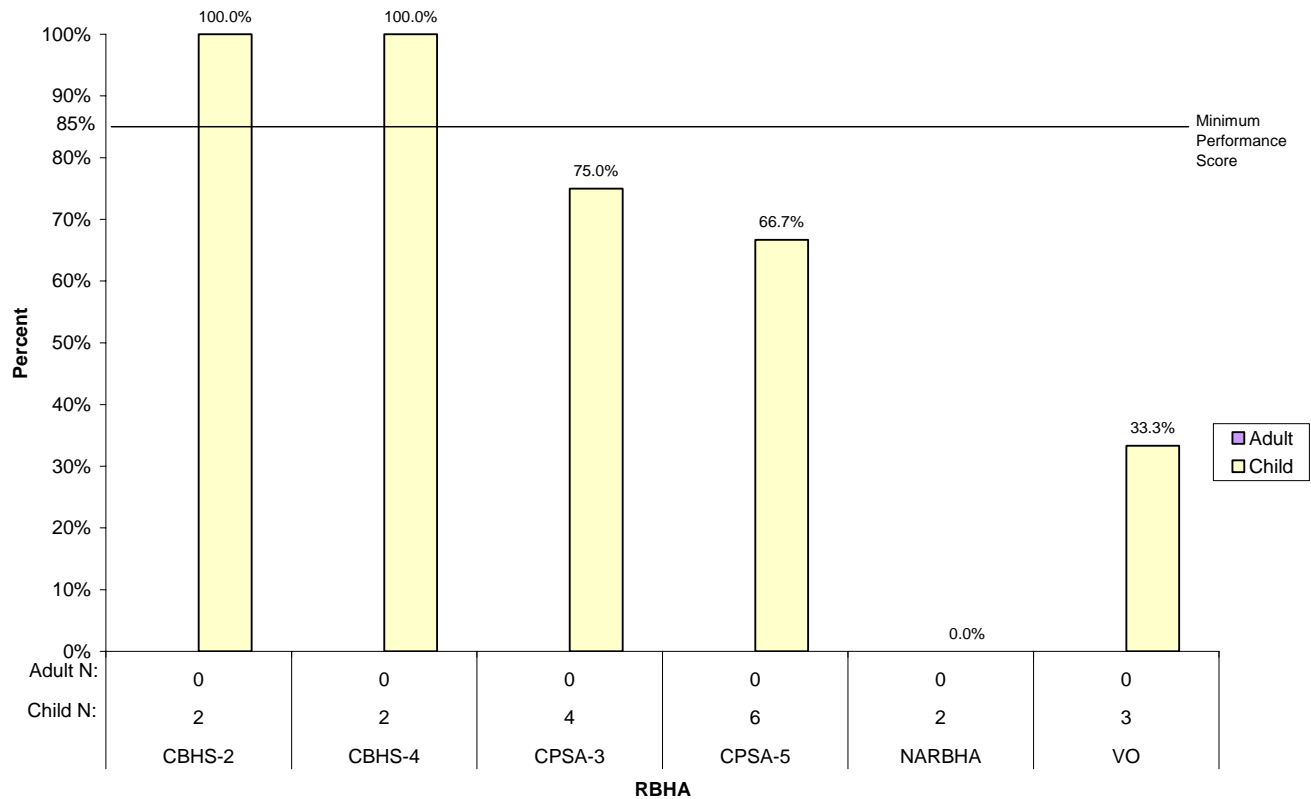
Standard 5a-f

Outreach/follow-up occurs after:

- Discharge from inpatient
- Discharge from residential
- Missed appointments
- Crisis episodes
- Service refusal
- Medication refusal

Standard 6a (For DDD Members Only)

**Figure A-17—ADHS Independent Case Review 2005:
Standard 6a**



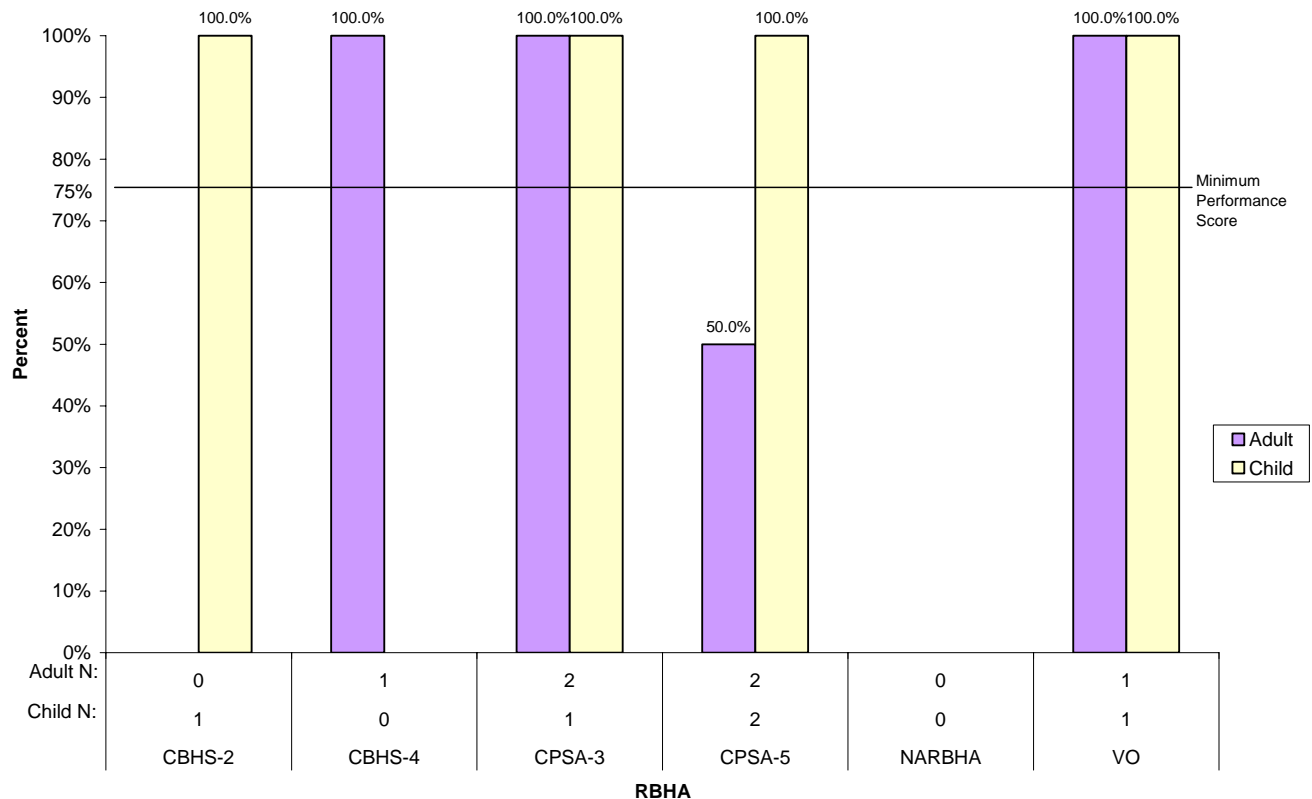
For DDD Members Only:

Standard 6a

CFT: If the individual is <18 years of age, is there a functioning child and family team?

Standard 6bi (For DDD Members Only)

**Figure A-18—ADHS Independent Case Review 2005:
Standard 6bi**

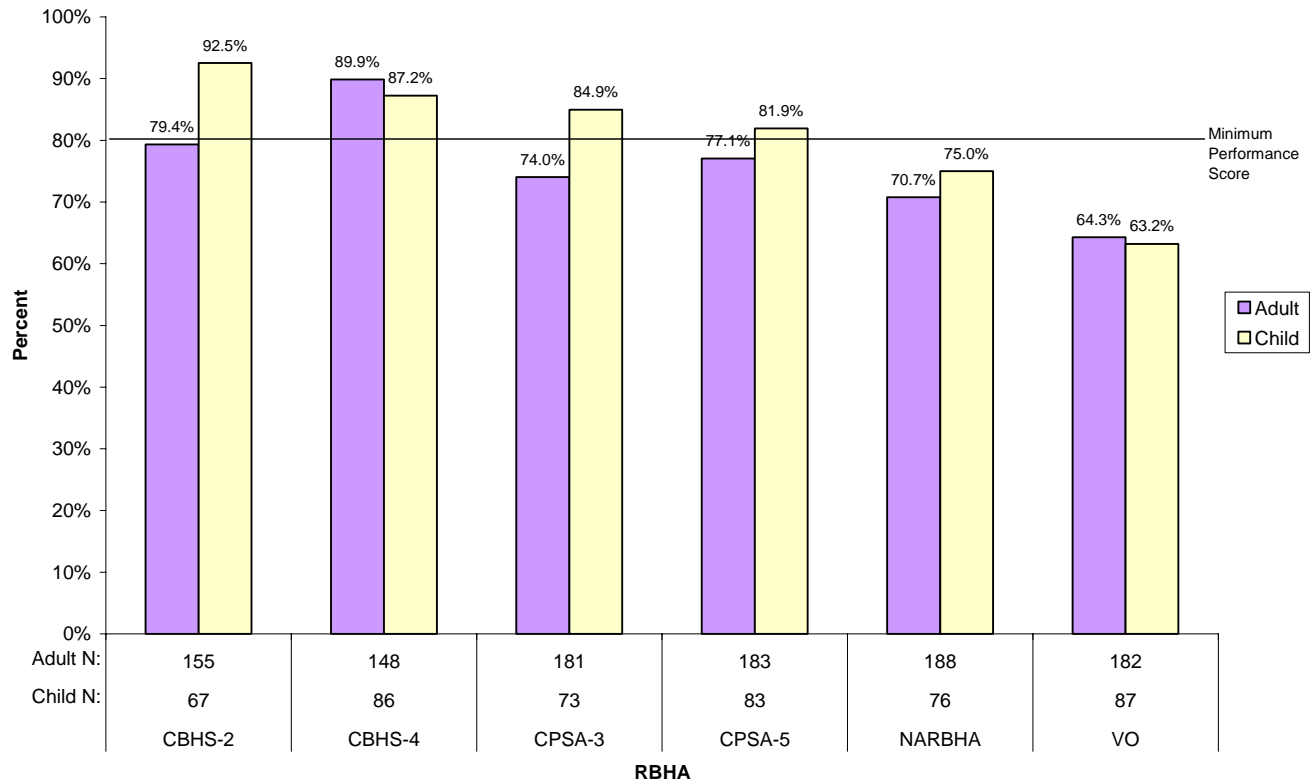


For DDD Members Only:

Standard 6bi When counseling services are needed, is counseling being provided?

Standard 7

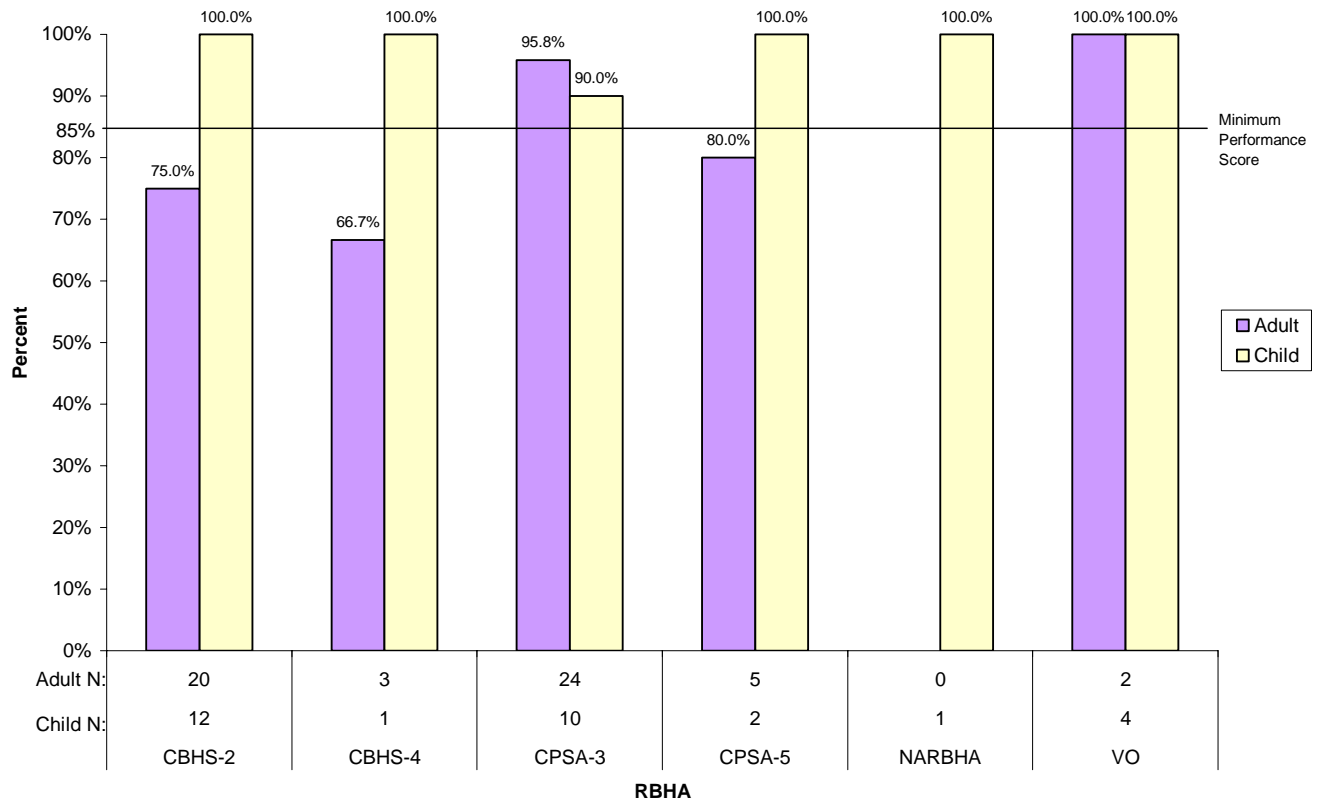
**Figure A-19—ADHS Independent Case Review 2005:
Standard 7**



Standard 7 | The clinical liaison is actively involved in the oversight of the treatment.

Standard 8a

**Figure A-20—ADHS Independent Case Review 2005:
Standard 8a**



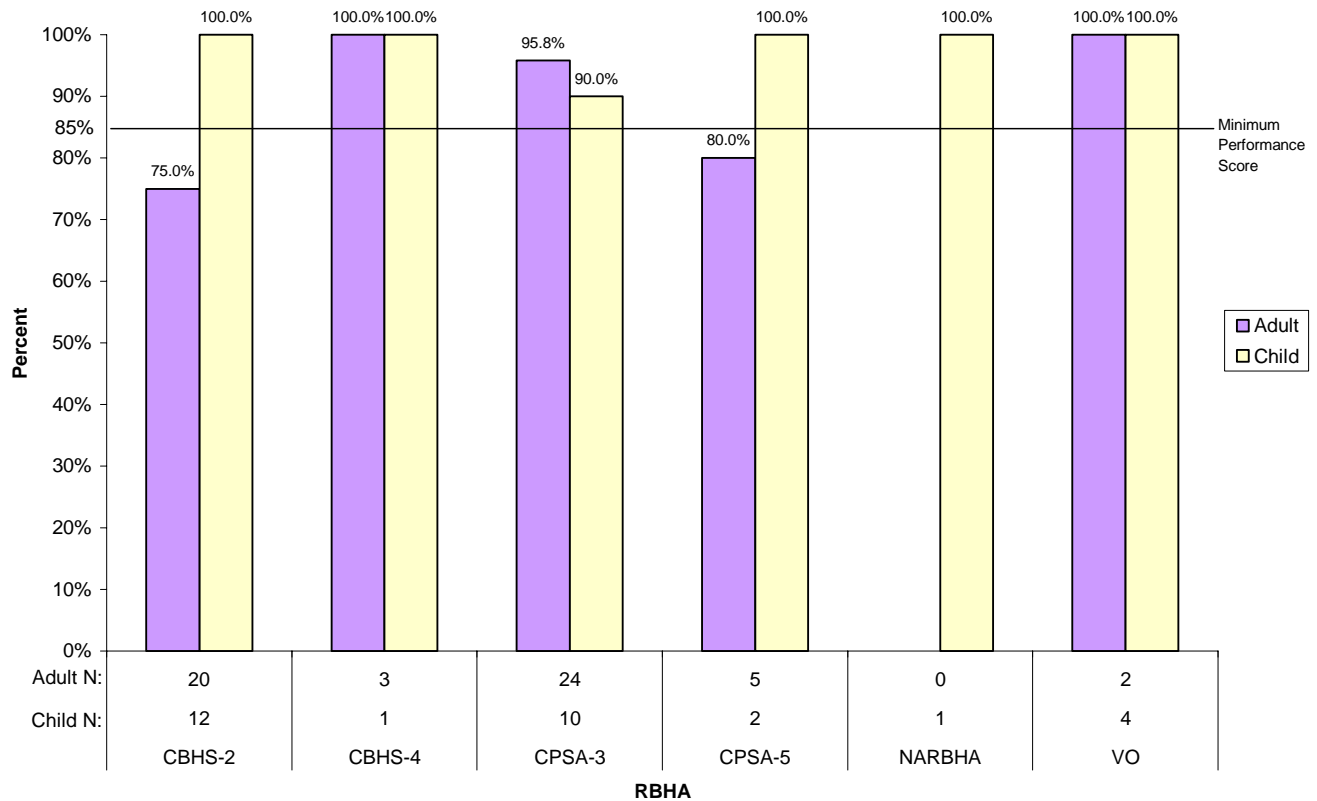
Standard 8a

If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.

- a. Does documentation show services were provided in the recipient's primary language?

Standard 8b

**Figure A-21—ADHS Independent Case Review 2005:
Standard 8b**



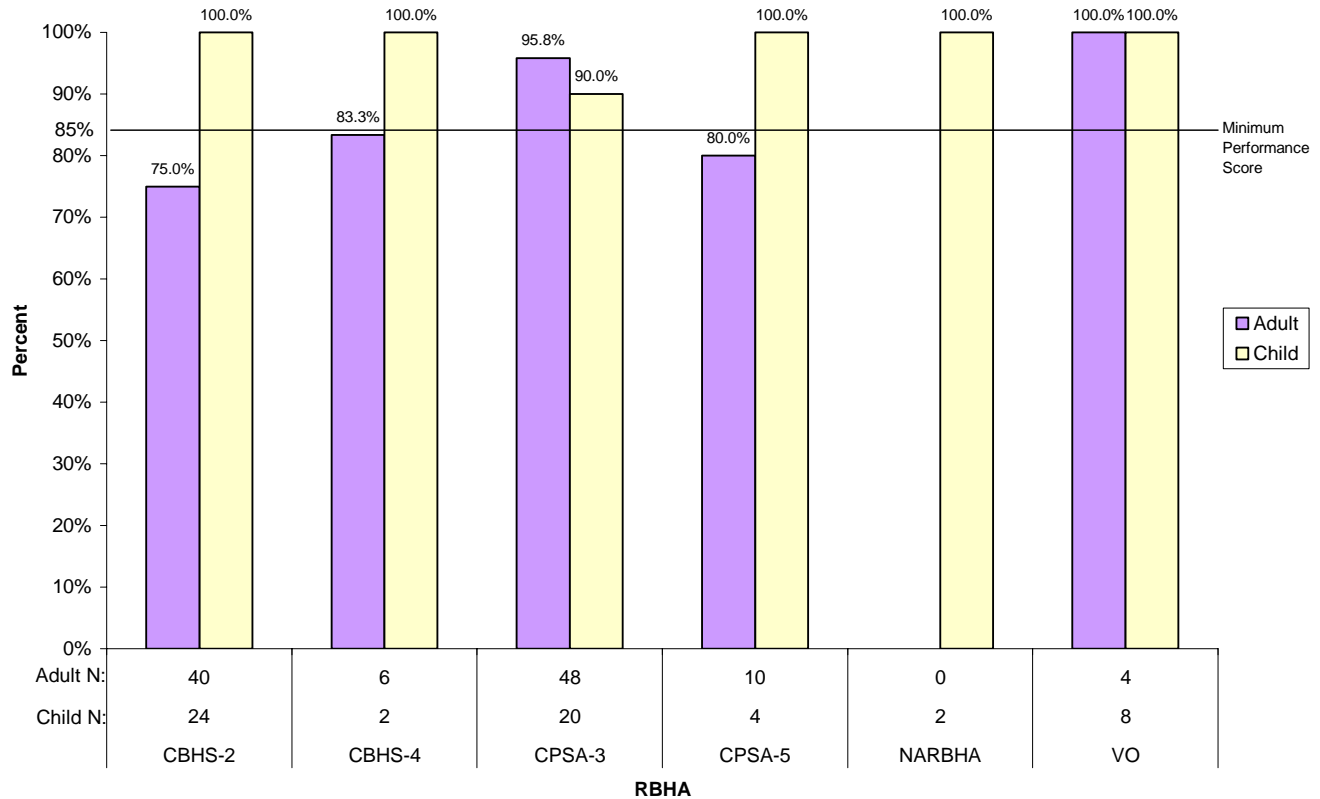
Standard 8b

If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.

- b. Was the recipient and/or family informed that interpreter services were available?

Standard 8a-b

**Figure A-22—ADHS Independent Case Review 2005:
Standard 8a-b**



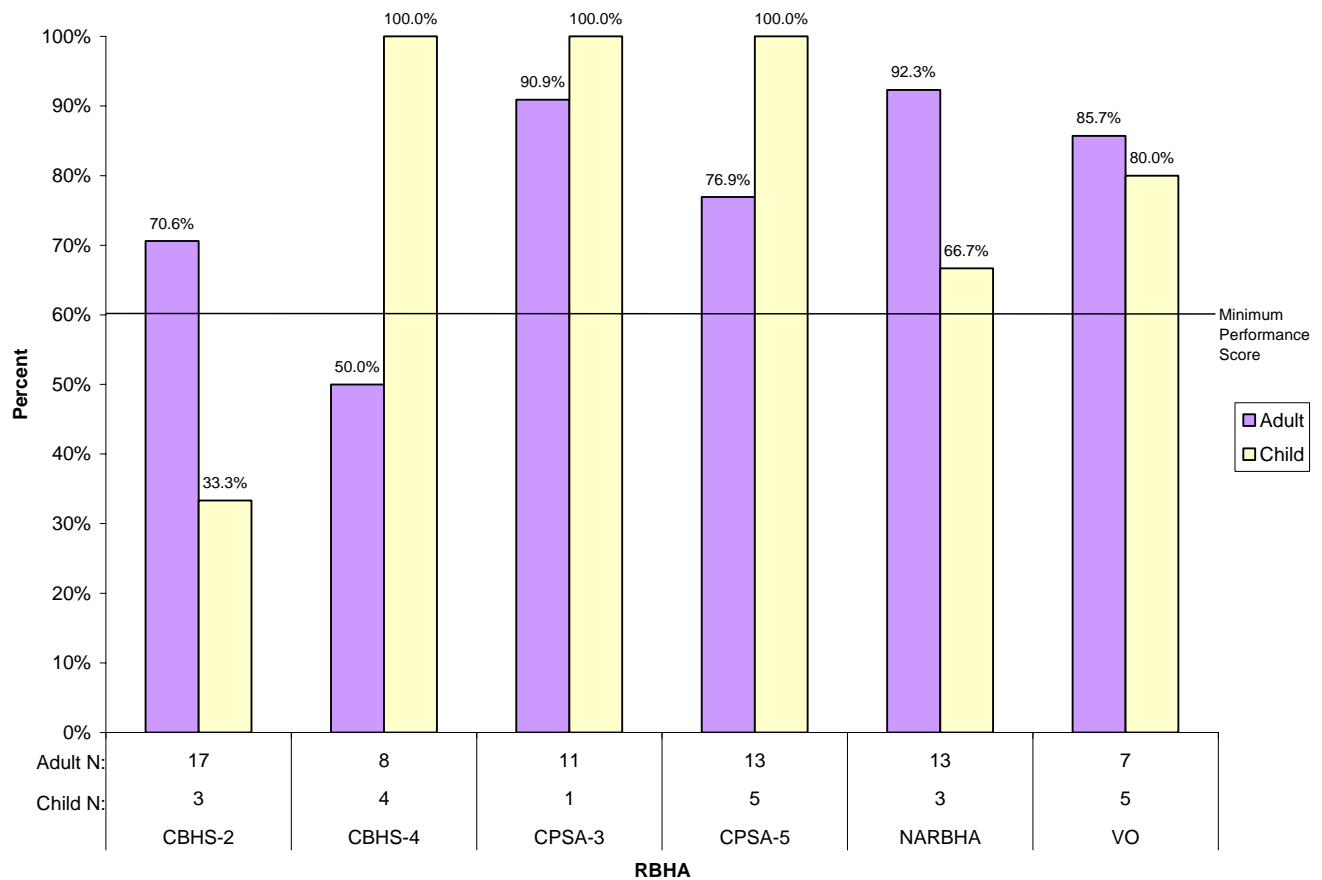
Standard 8a-b

If English was not the primary language of the recipient, services were documented and available in the recipient's primary language.

- Does documentation show services were provided in the recipient's primary language?
- Was the recipient and/or family informed that interpreter services were available?

Standard 9

**Figure A-23—ADHS Independent Case Review 2005:
Standard 9**

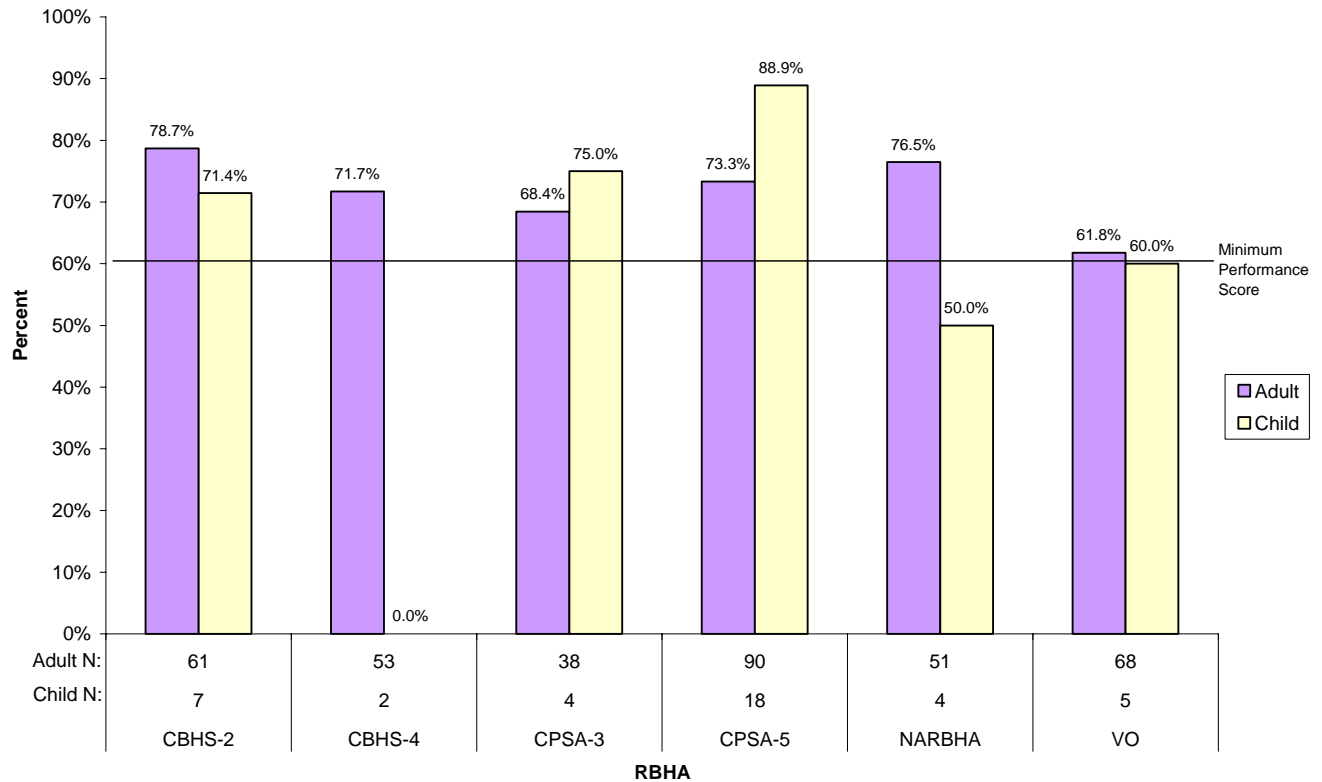


Standard 9

The disposition of the referral from the PCP or health plan is communicated to the PCP or health plan within 30 days of receiving the request for service.

Standard 10

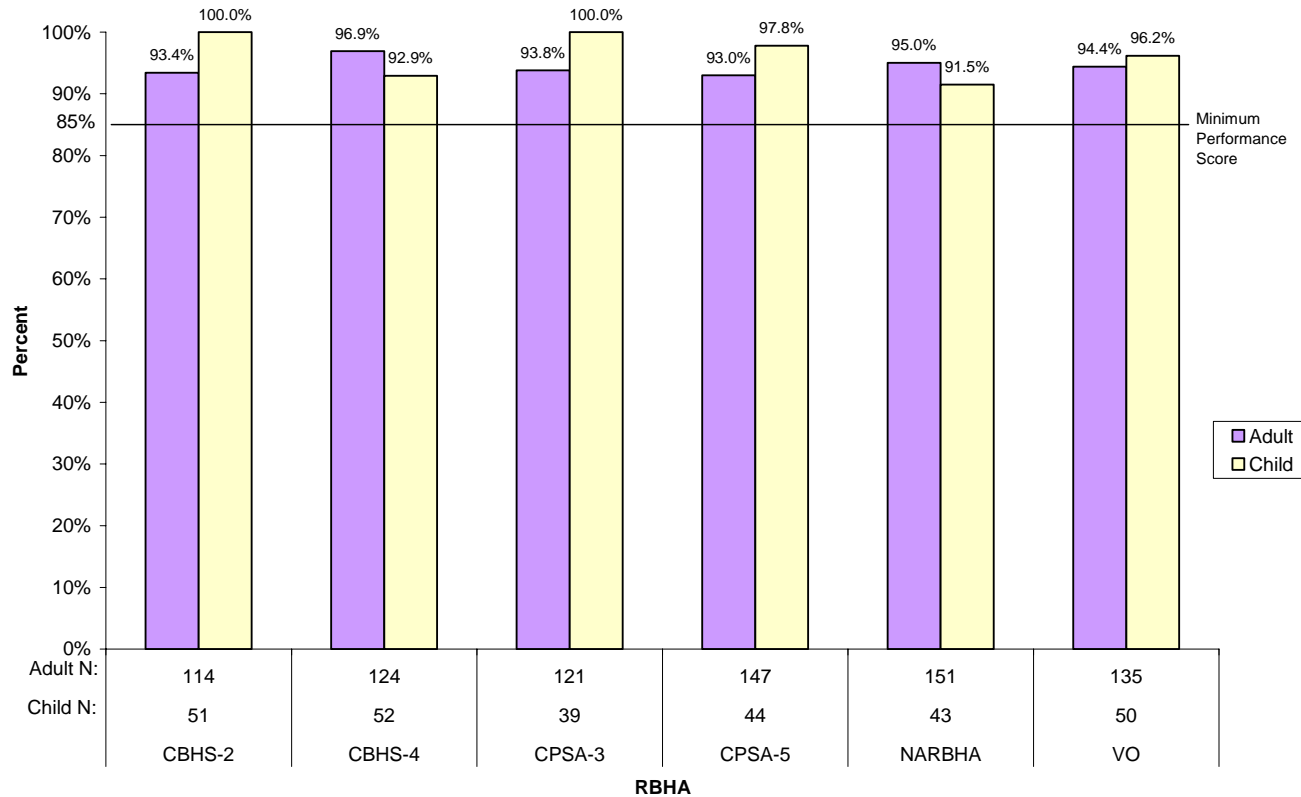
**Figure A-24—ADHS Independent Case Review 2005:
Standard 10**



Standard 10 Behavioral health care has been coordinated with the member's PCP as required.

Standard 11

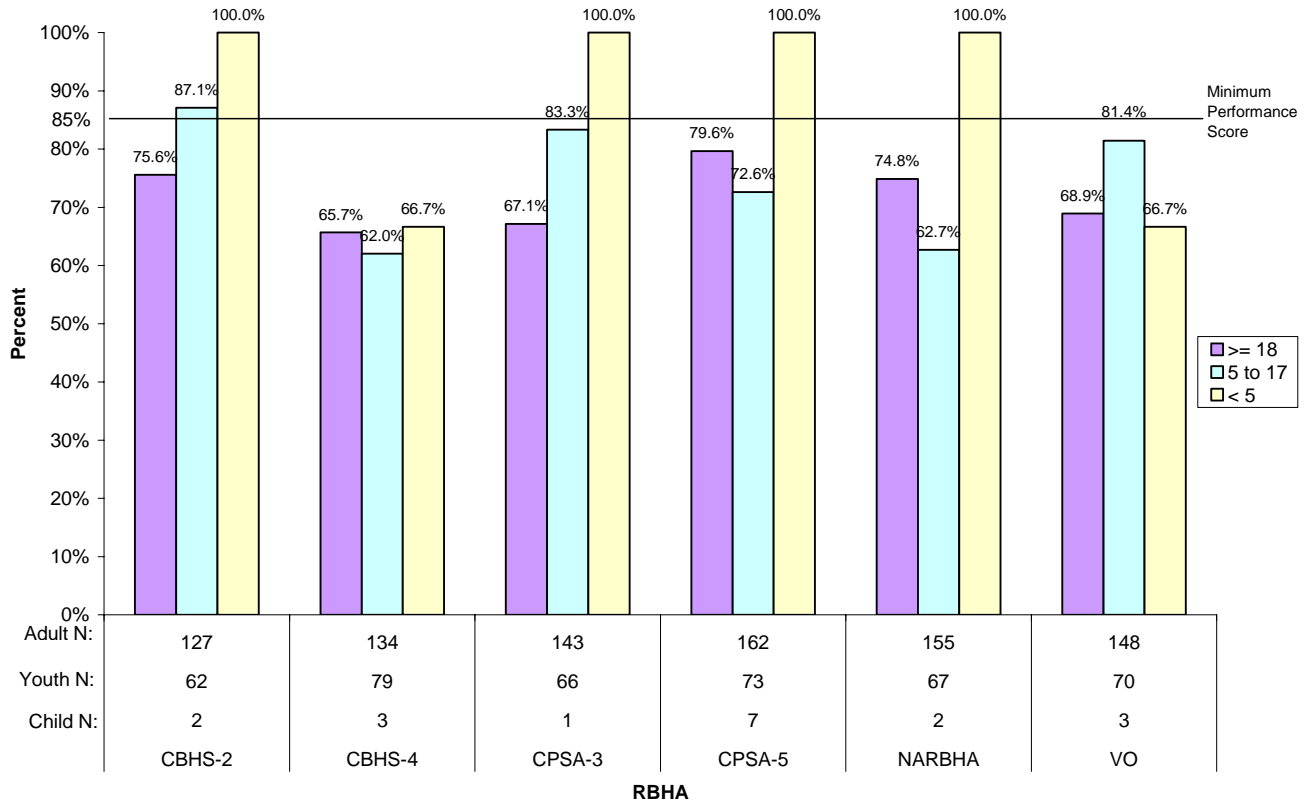
**Figure A-25—ADHS Independent Case Review 2005:
Standard 11**



Standard 11 | There is evidence of symptomatic improvement.

Standard 12a-c

**Figure A-26—ADHS Independent Case Review 2005:
Standard 12a-c**



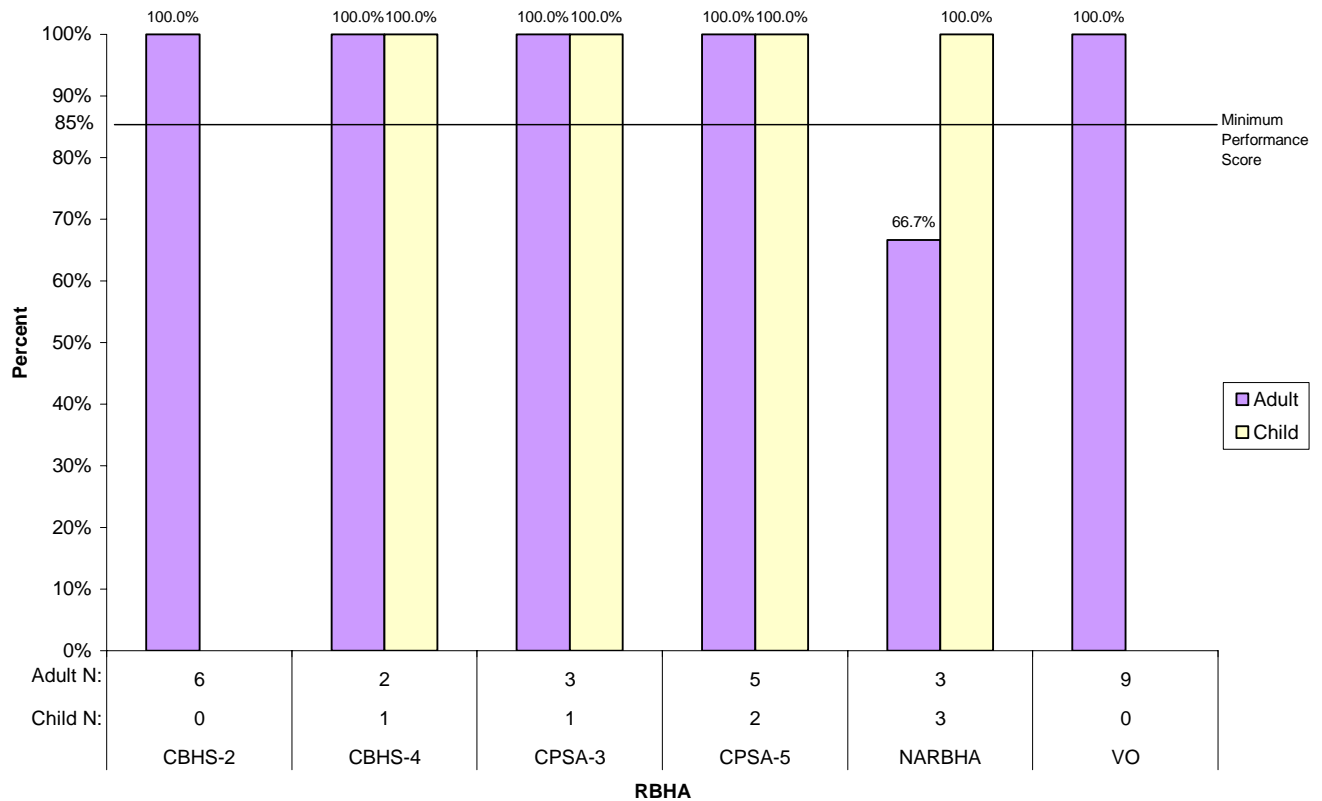
Standard 12a-c

There is evidence of functional improvement:

- For individuals $0 < 5$ years old
- For individuals $5 < 18$ years old
- For individuals ≥ 18 years old

Standard 13a

**Figure A-27—ADHS Independent Case Review 2005:
Standard 13a**



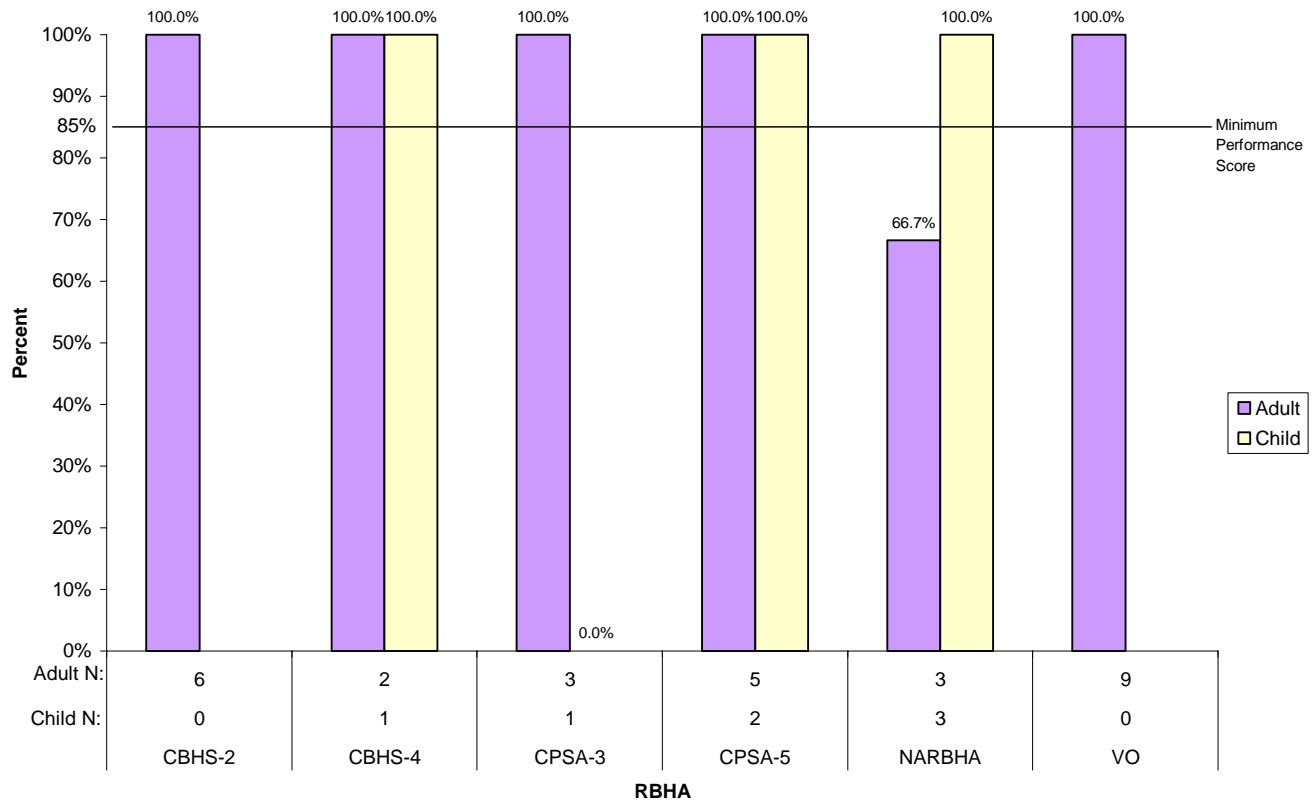
Standard 13a

For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:

- a. Lithium blood levels have been ordered and/or obtained

Standard 13b

**Figure A-28—ADHS Independent Case Review 2005:
Standard 13b**



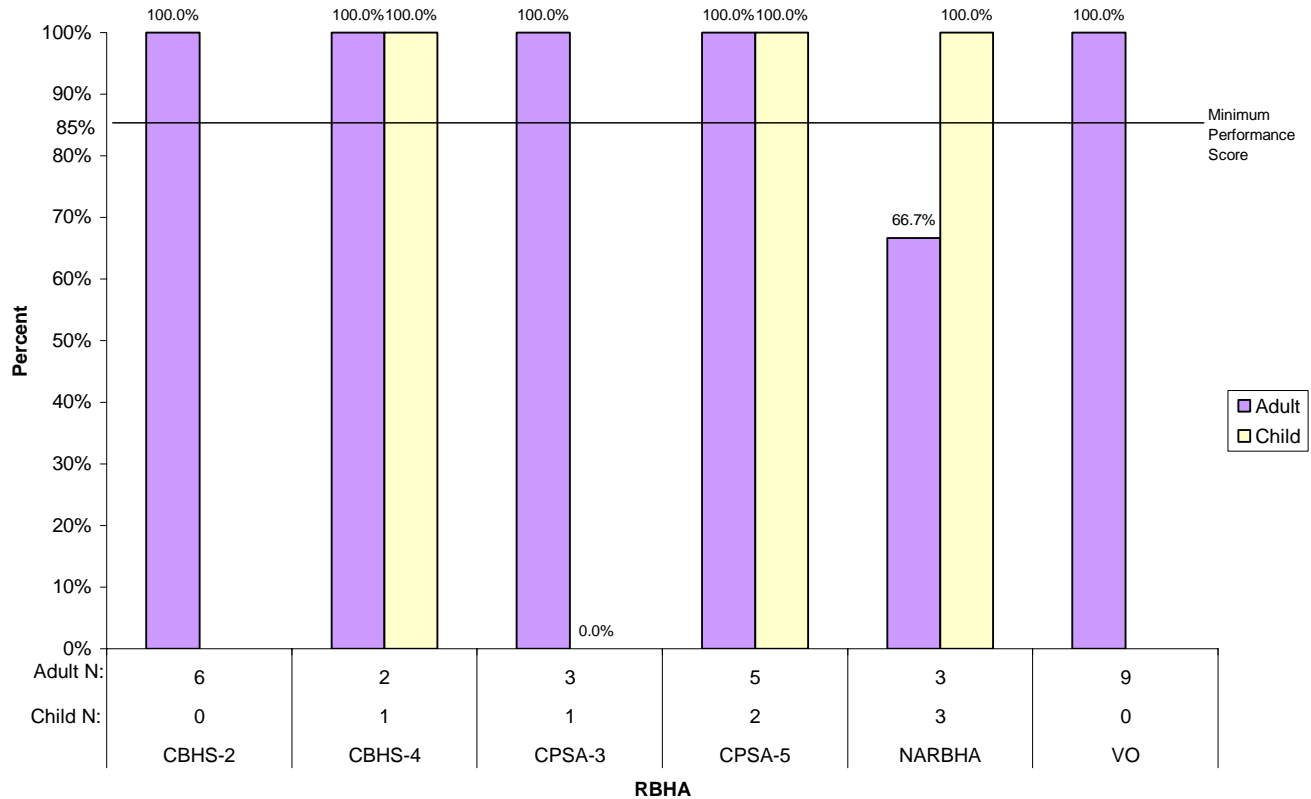
Standard 13b

For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:

- b. Thyroid function test (TSH) has been ordered and/or obtained

Standard 13c

**Figure A-29—ADHS Independent Case Review 2005:
Standard 13c**



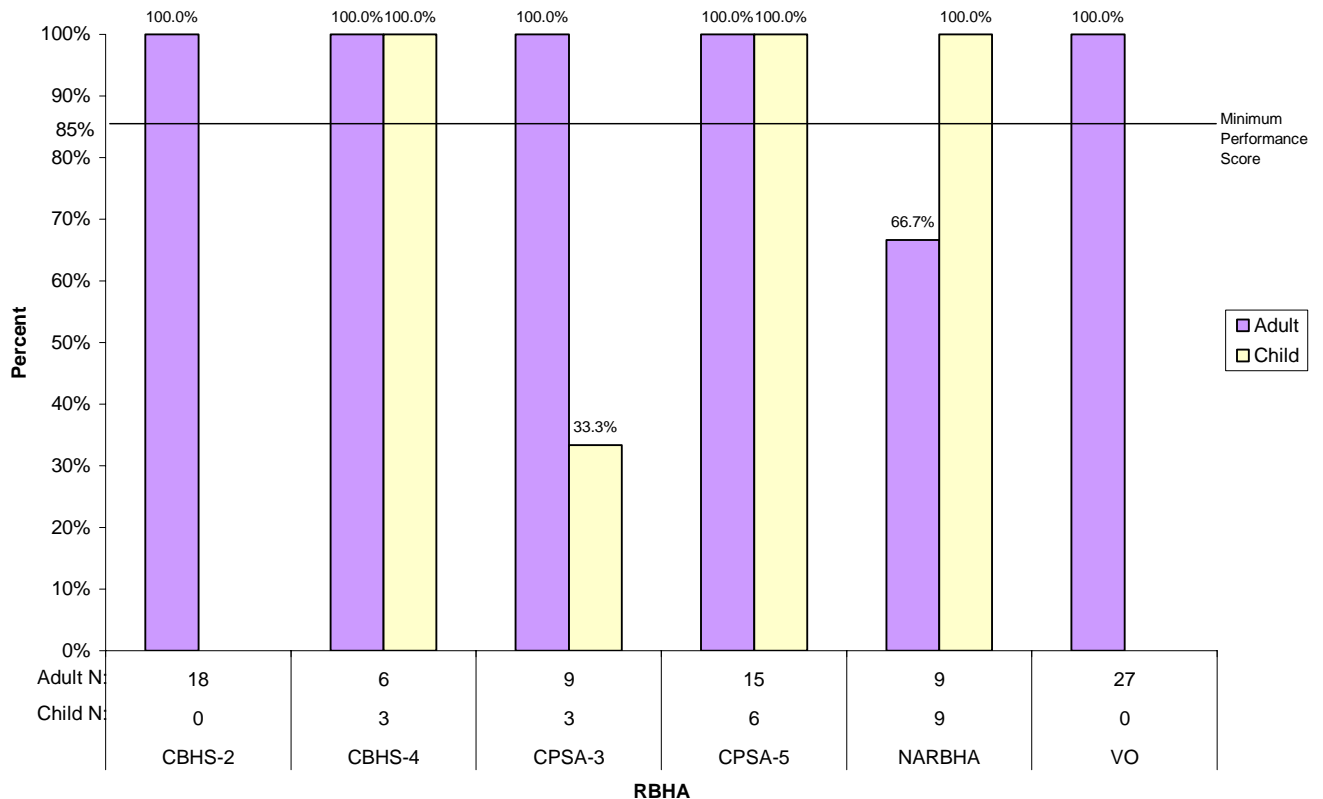
Standard 13c

For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:

- c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained

Standard 13a-c

**Figure A-30—ADHS Independent Case Review 2005:
Standard 13a-c**



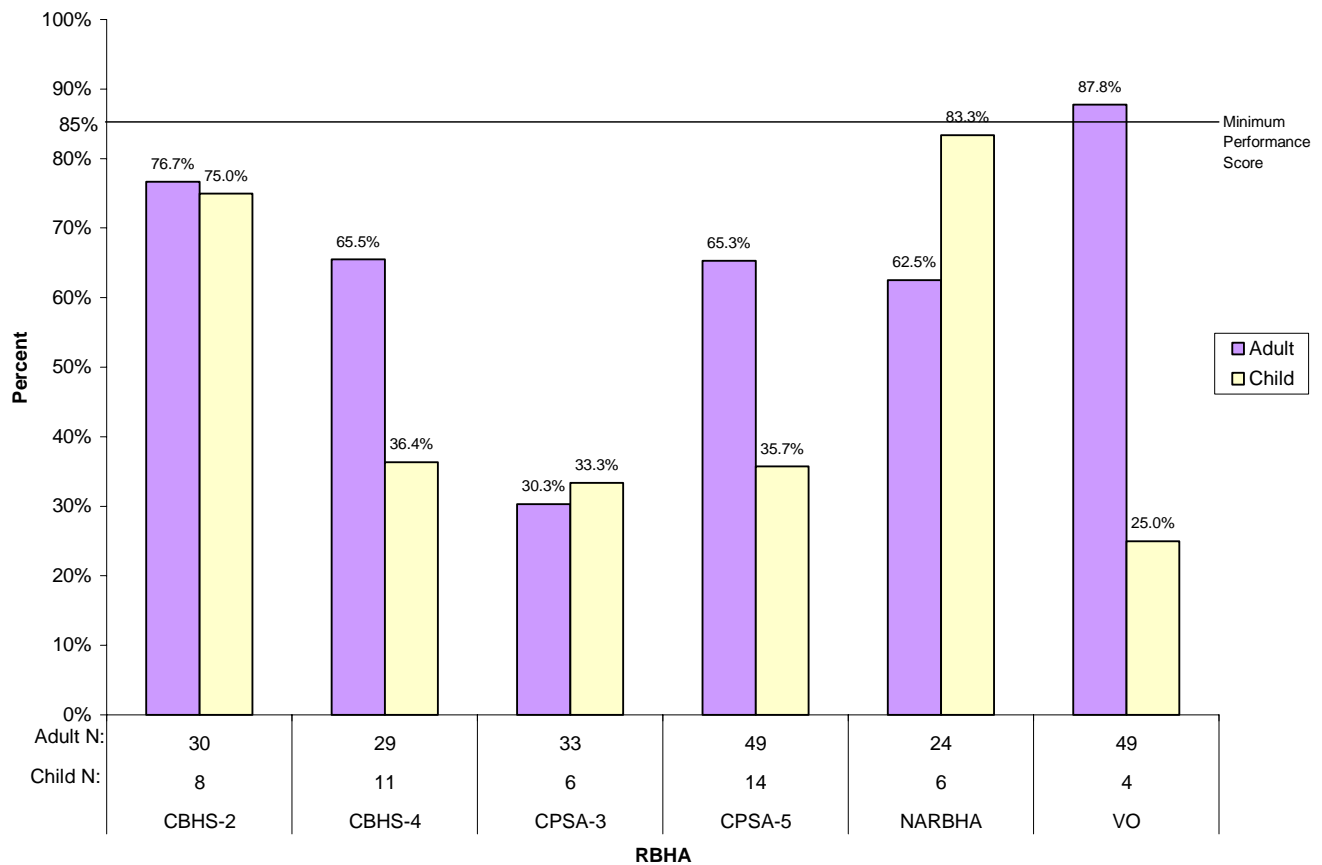
Standard 13a-c

For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:

- Lithium blood levels have been ordered and/or obtained
- Thyroid function test (TSH) has been ordered and/or obtained
- Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained

Standard 14a

**Figure A-31—ADHS Independent Case Review 2005:
Standard 14a**



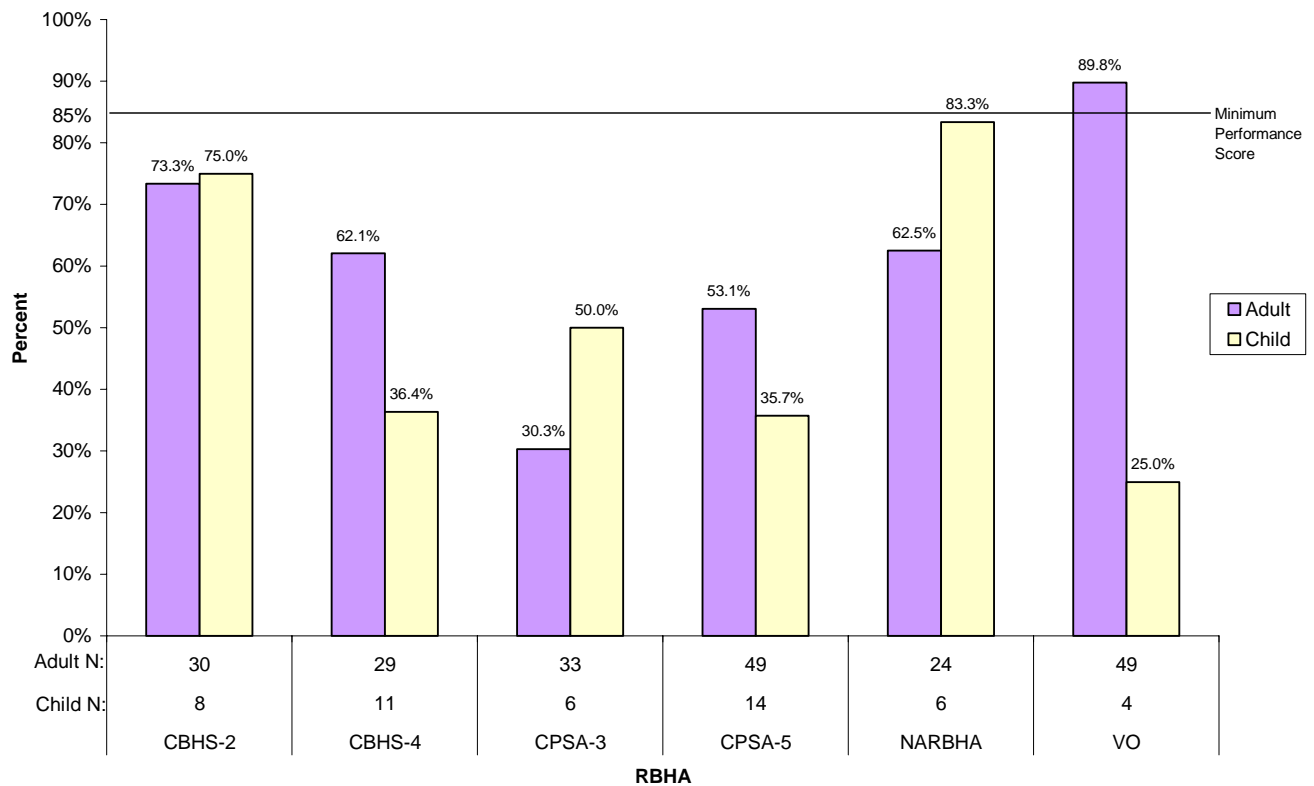
Standard 14a

For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:

- a. Blood glucose has been ordered and/or obtained

Standard 14b

**Figure A-32—ADHS Independent Case Review 2005:
Standard 14b**



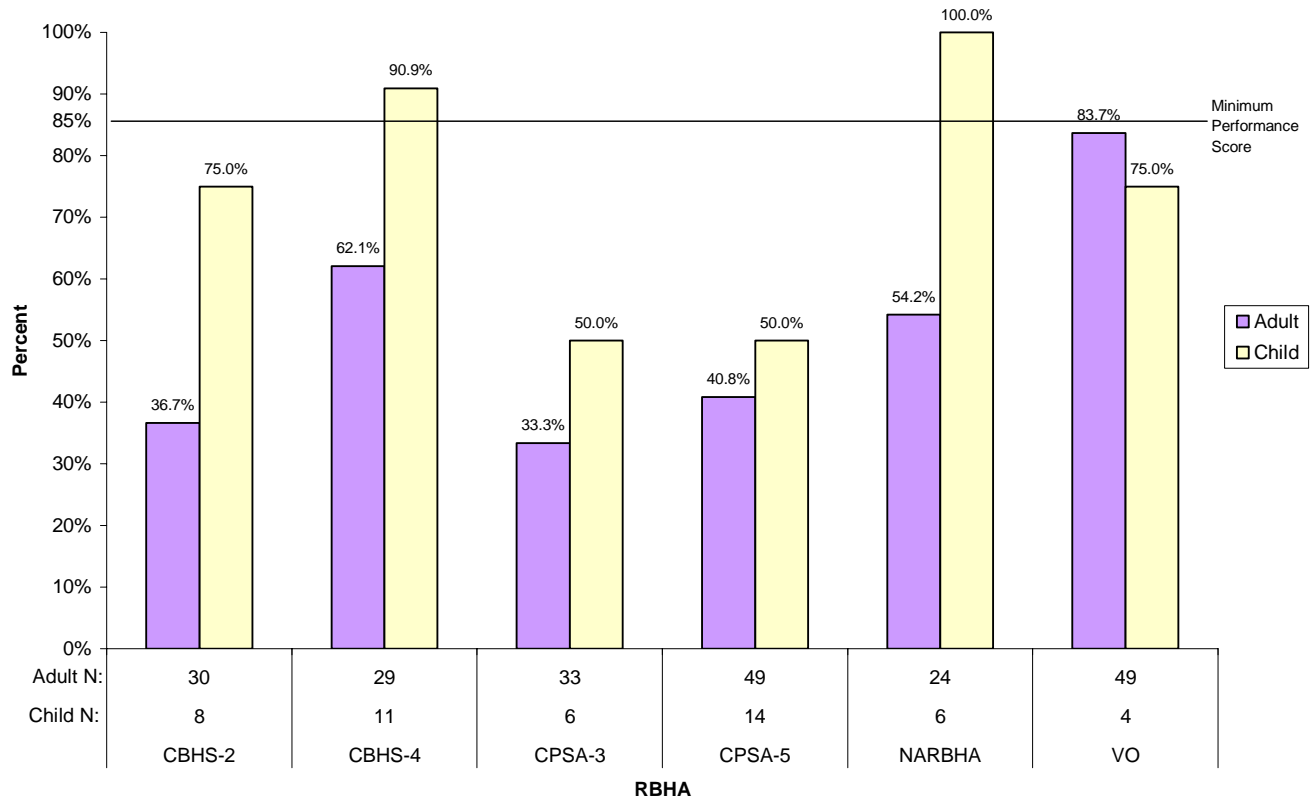
Standard 14b

For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:

- b. Lipid levels have been ordered and/or obtained

Standard 14c

**Figure A-33—ADHS Independent Case Review 2005:
Standard 14c**



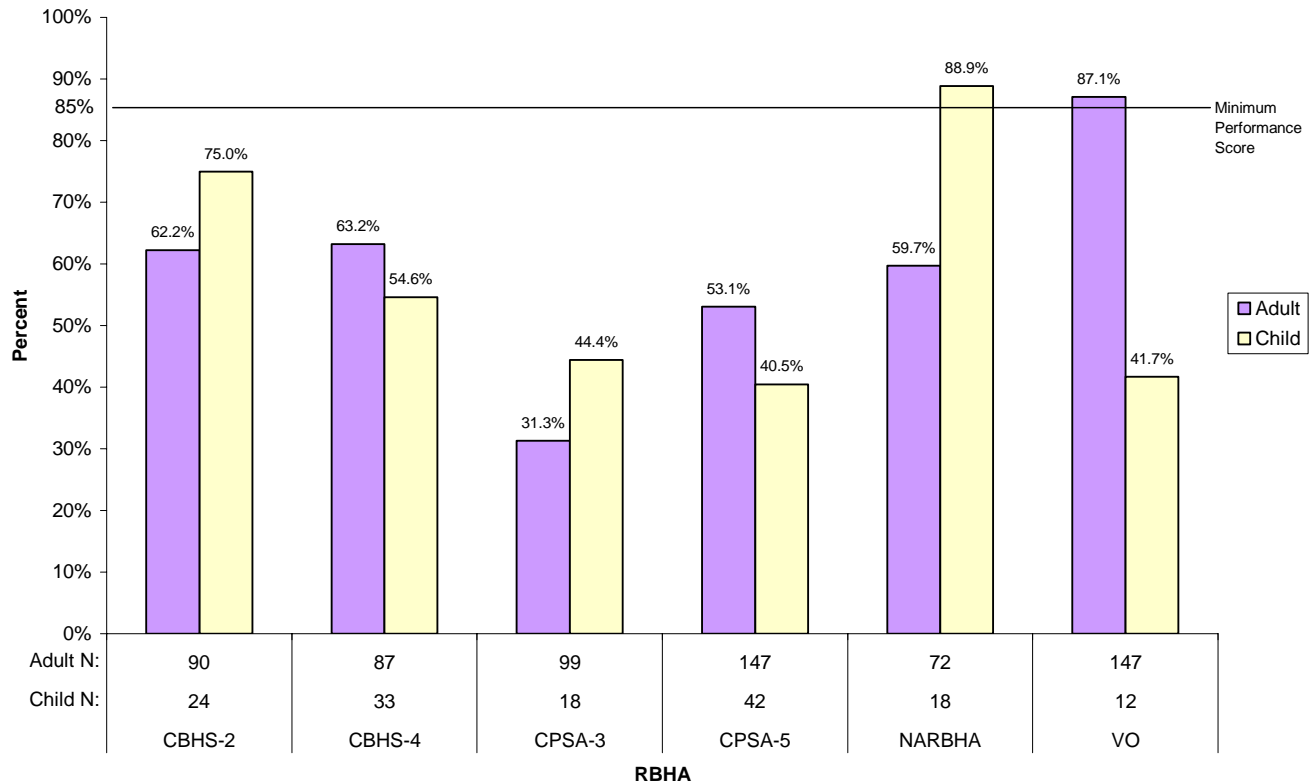
Standard 14c

For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:

- c. Weight/BMI have been obtained

Standard 14a-c

**Figure A-34—ADHS Independent Case Review 2005:
Standard 14a-c**



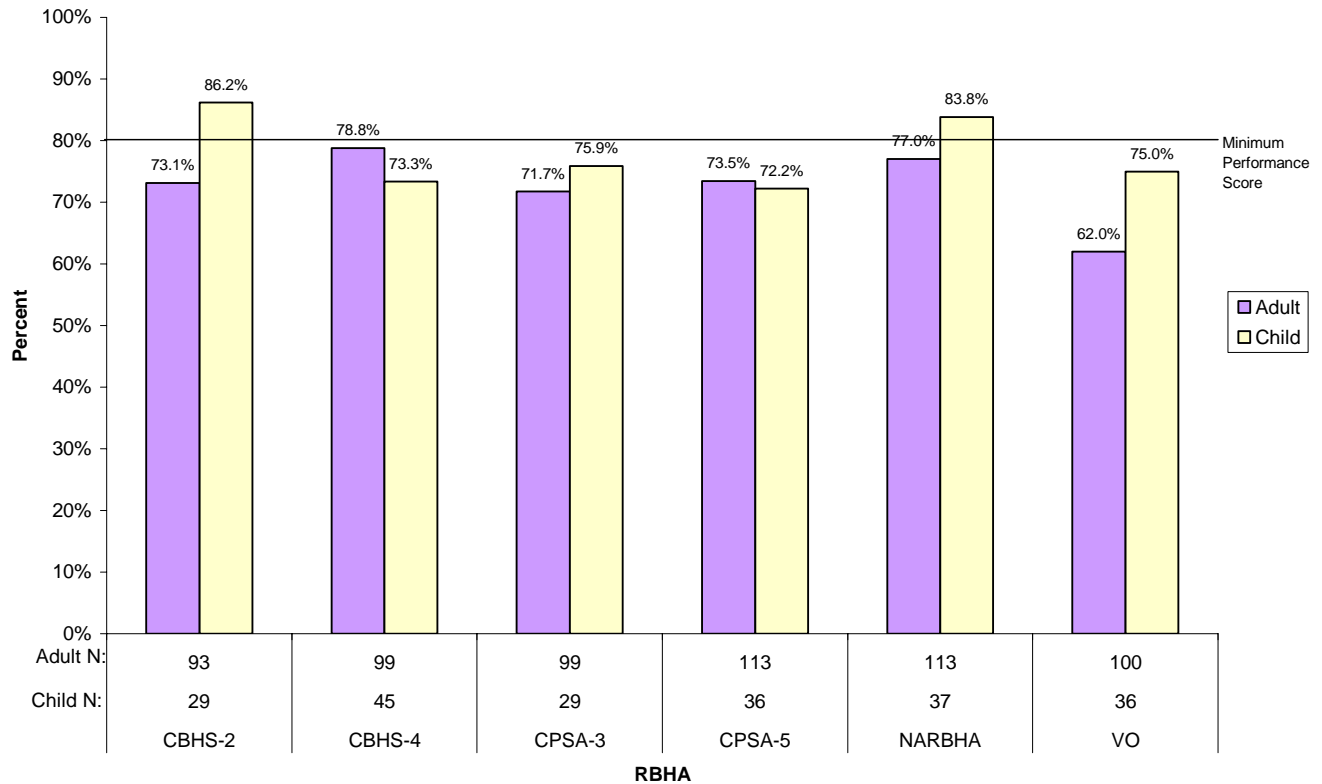
Standard 14a-c

For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:

- Blood glucose has been ordered and/or obtained
- Lipid levels have been ordered and/or obtained
- Weight/BMI have been obtained

Standard 15a

**Figure A-35—ADHS Independent Case Review 2005:
Standard 15a**



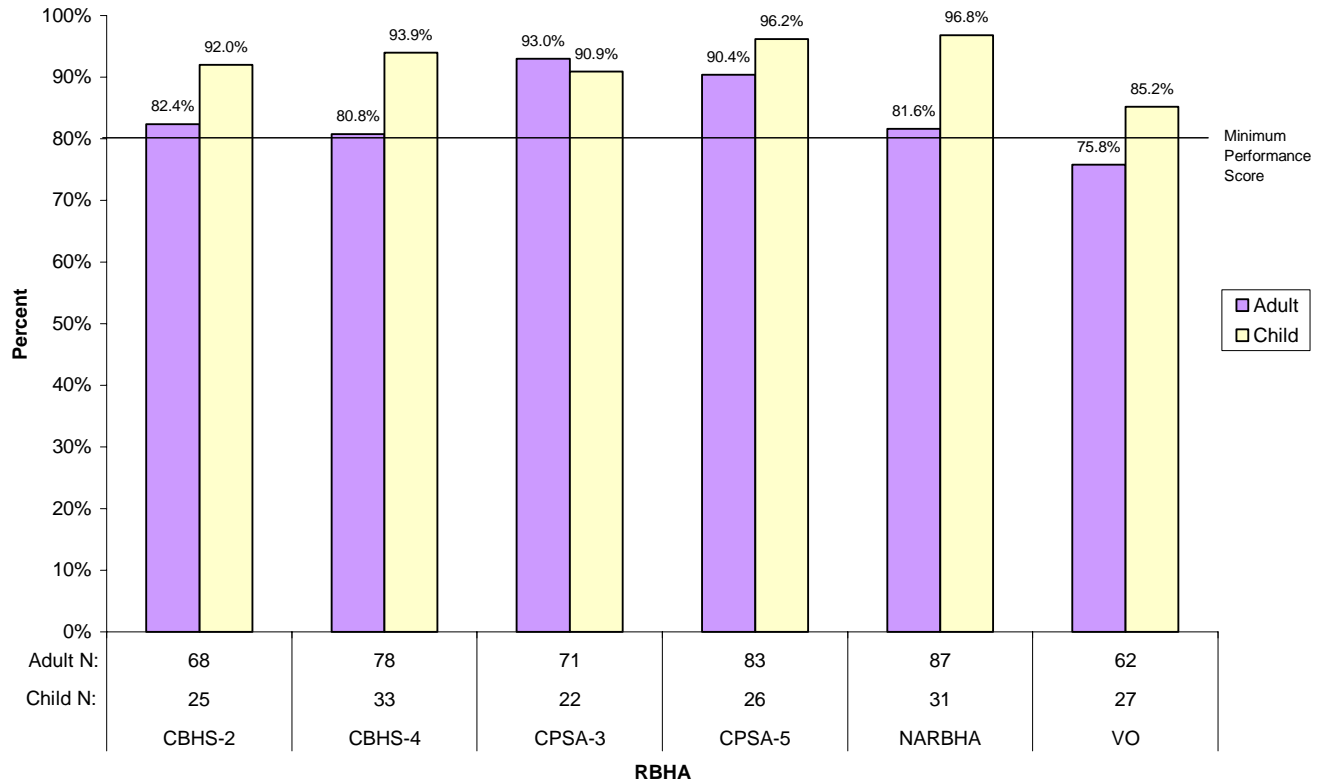
Standard 15a

Informed consent for new psychotropic medications:

- a. Individuals and/or parents/guardians are informed about and give consent for all of the new psychotropic medications prescribed during the review period.

Standard 15b

**Figure A-36—ADHS Independent Case Review 2005:
Standard 15b**



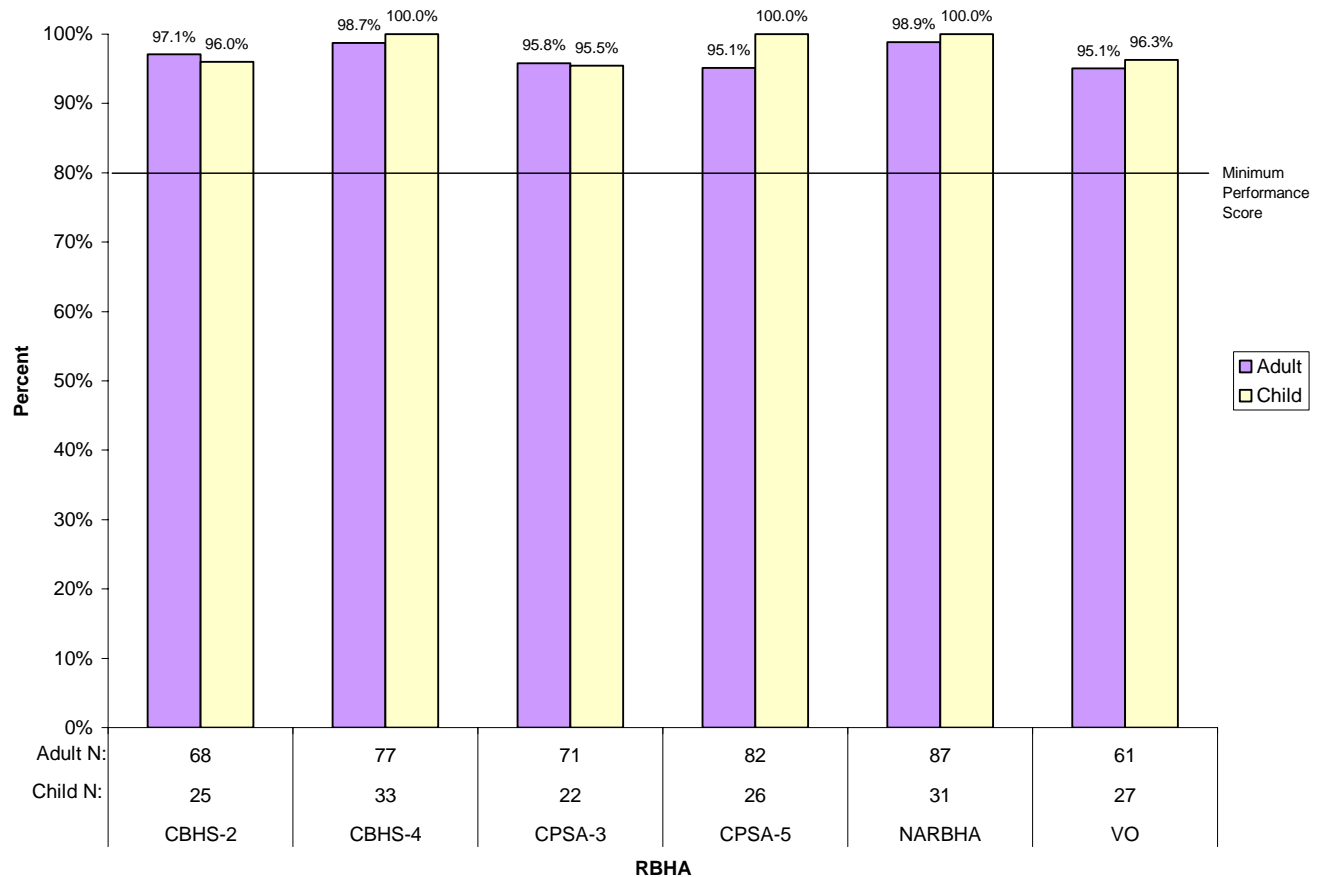
Standard 15b

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - bi. Benefits/intended outcome of treatment
 - bii. Individual's Risk and side effects
 - biii. Possible alternatives to the proposed medication
 - biv. Possible results of not taking the recommended medications
 - bv. The person's right to withdraw voluntary consent for medication at any time

Standard 15bi

**Figure A-37—ADHS Independent Case Review 2005:
Standard 15bi**



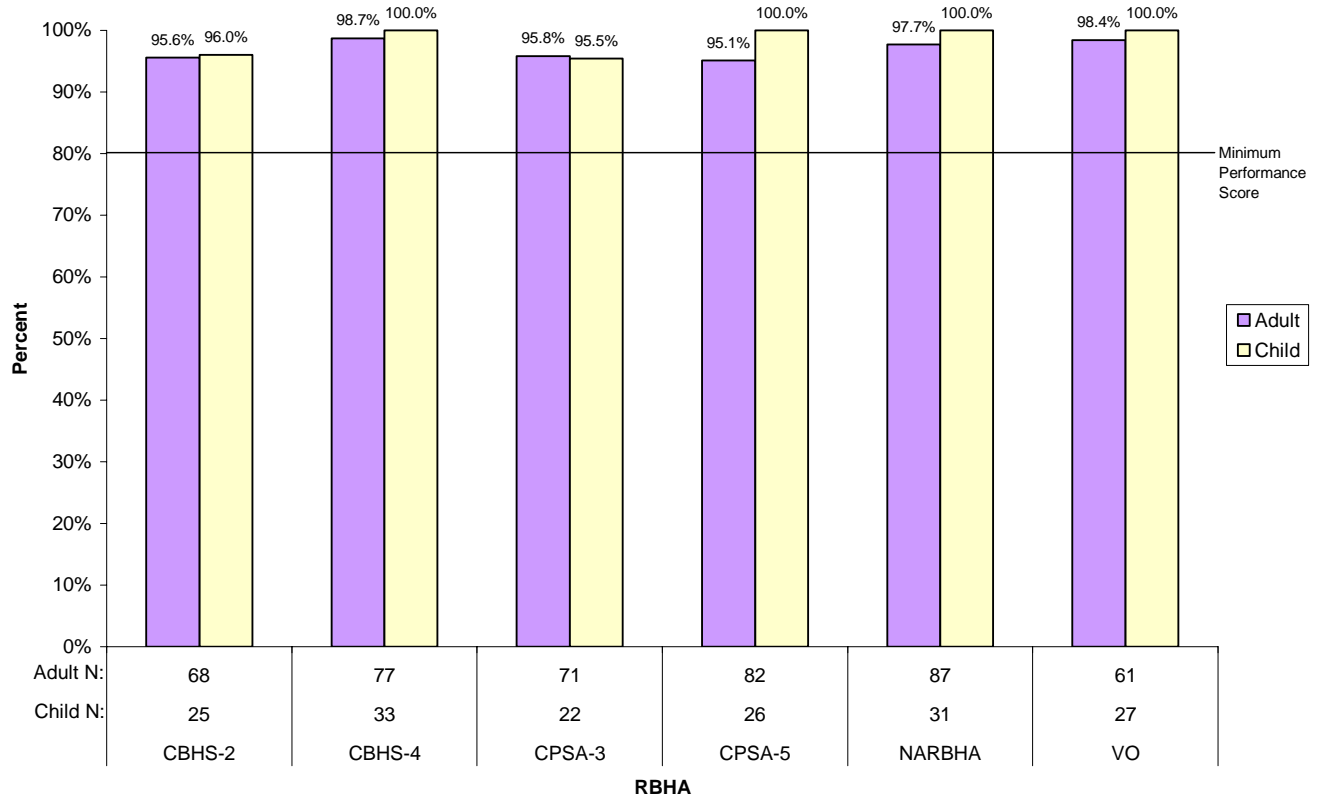
Standard 15bi

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - bi. Benefits/intended outcome of treatment

Standard 15bii

**Figure A-38—ADHS Independent Case Review 2005:
Standard 15bii**



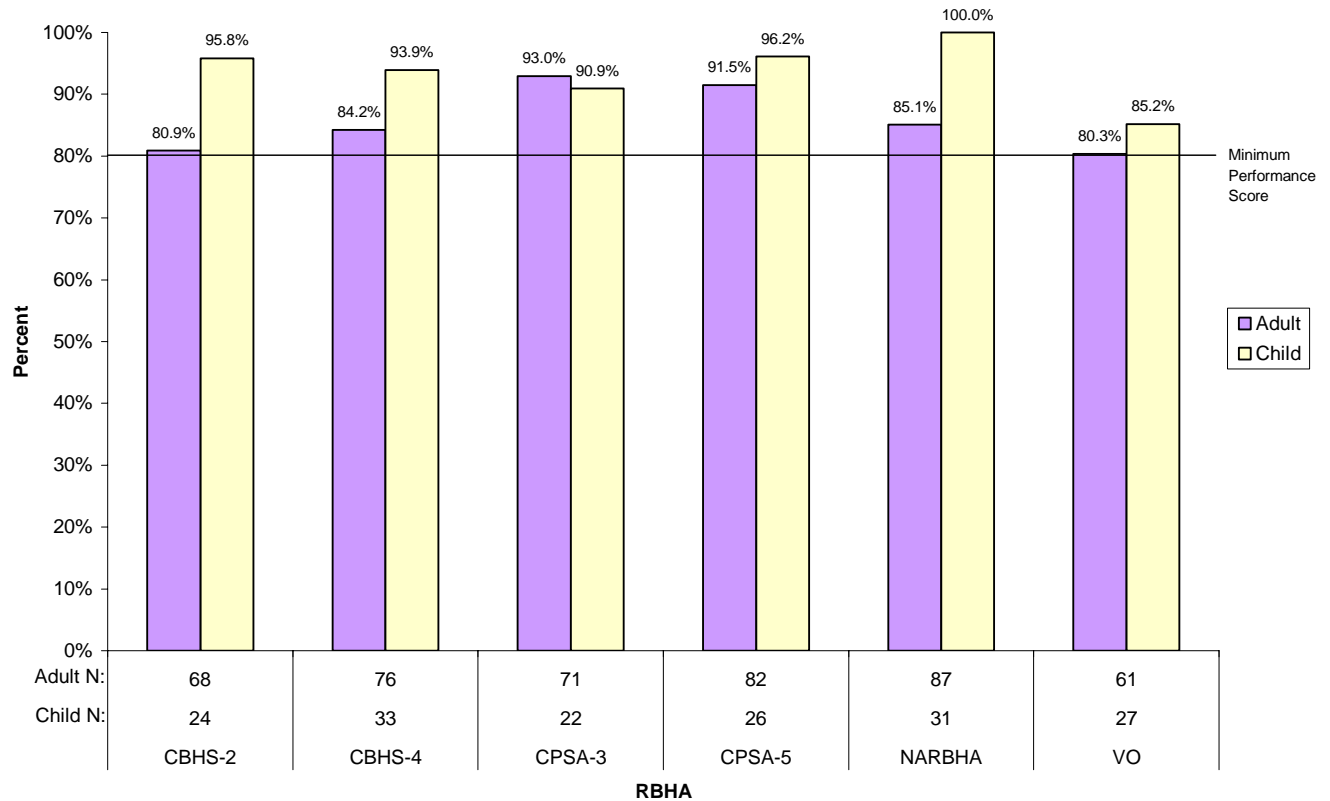
Standard 15bii

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - bii. Individual's risk and side effects

Standard 15biii

**Figure A-39—ADHS Independent Case Review 2005:
Standard 15biii**



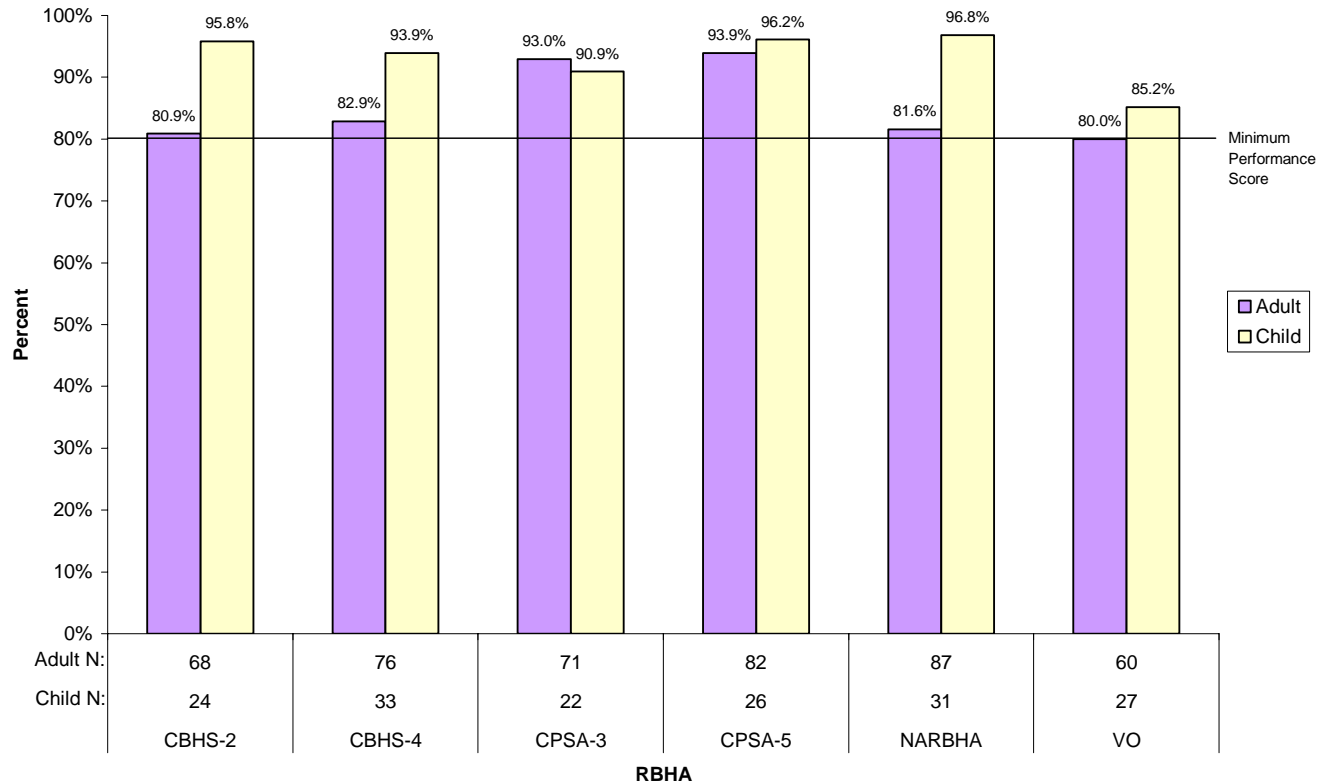
Standard 15biii

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - biii. Possible alternatives to the proposed medication

Standard 15biv

**Figure A-40—ADHS Independent Case Review 2005:
Standard 15biv**



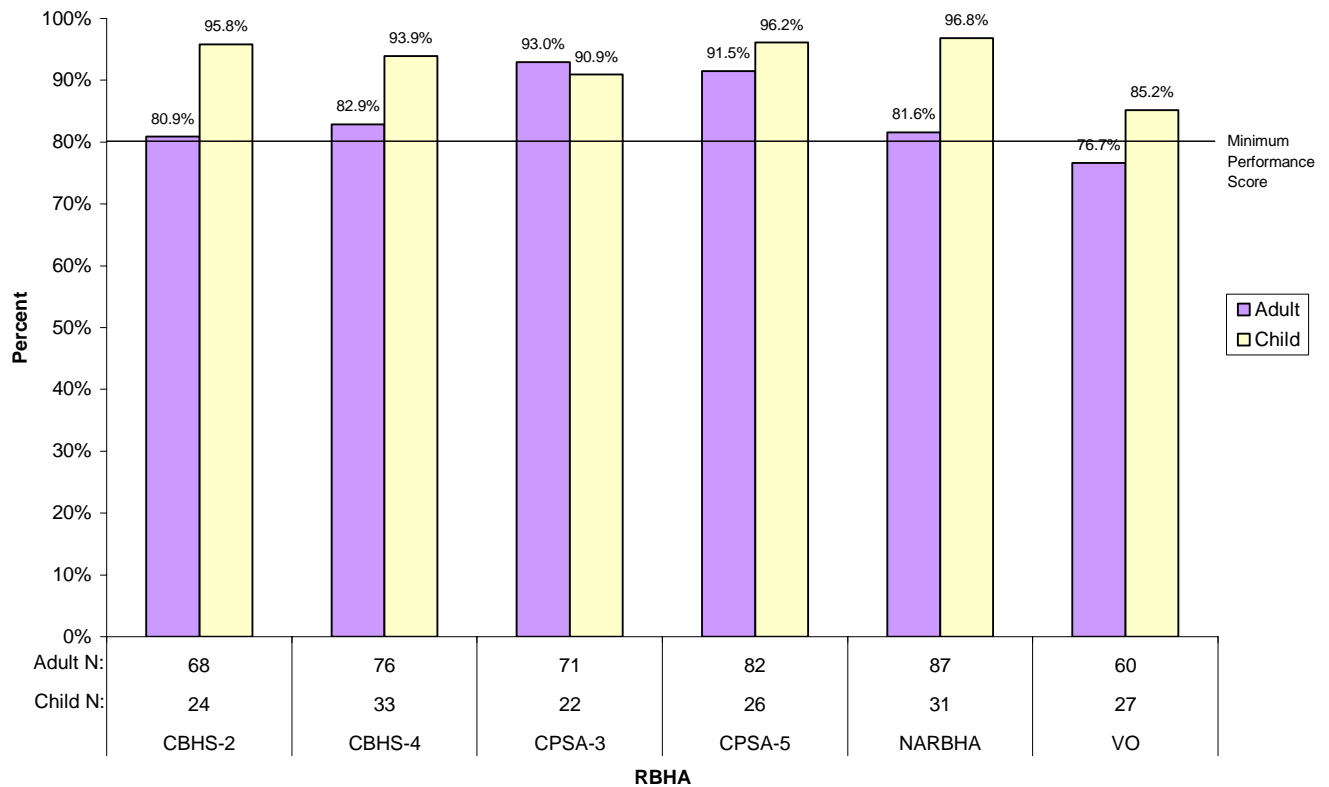
Standard 15biv

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - biv. Possible results of not taking the recommended medications

Standard 15bv

**Figure A-41—ADHS Independent Case Review 2005:
Standard 15bv**



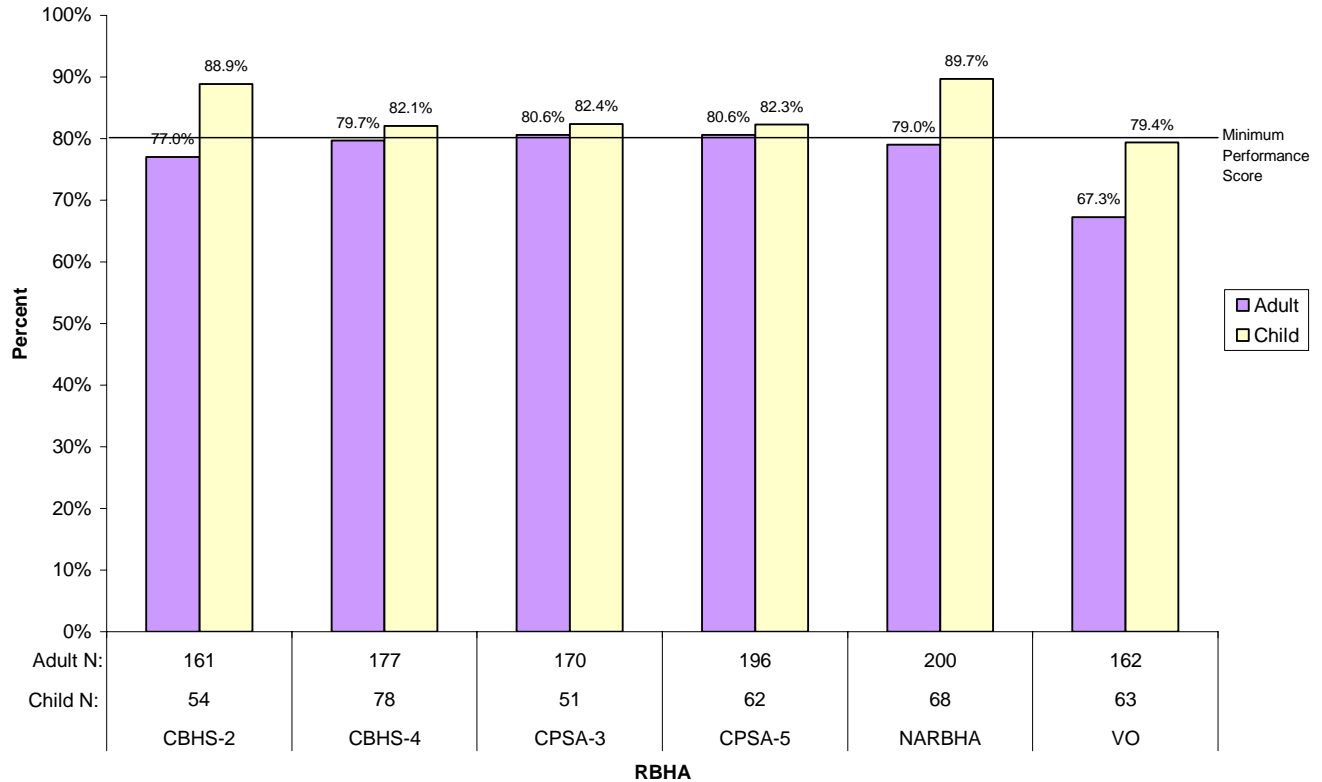
Standard 15bv

Informed consent for new psychotropic medications:

- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - bv. The person's right to withdraw voluntary consent for medication at any time

Standard 15a–b (bi–bv)

**Figure A-42—ADHS Independent Case Review 2005:
Standard 15a–b (bi–bv)**



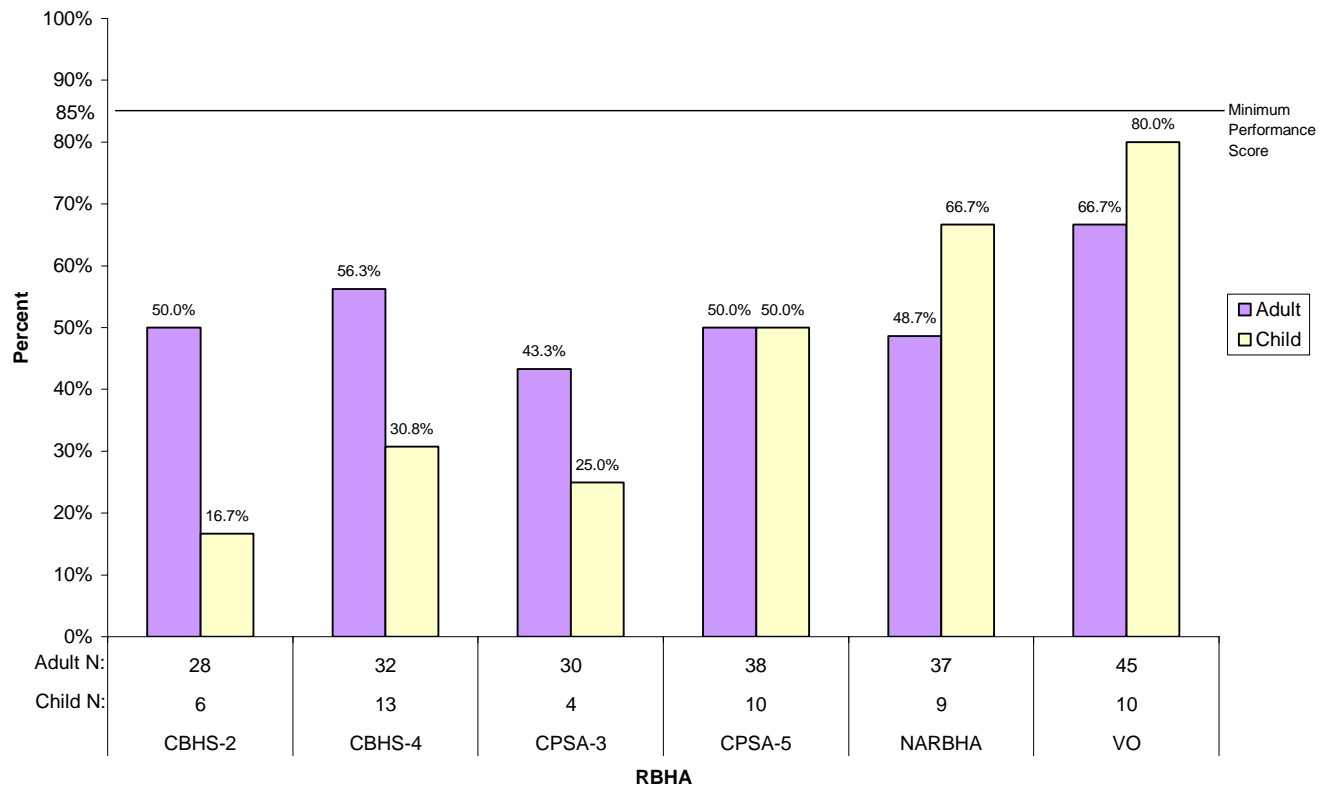
Standard 15a–b

Informed consent for new psychotropic medications:

- a. Individuals and/or parents/guardians are informed about and give consent for all of the new psychotropic medications prescribed during the review period.
- b. For all of the new psychotropic medications prescribed during the review period from 15a, informed consent documentation includes the following:
 - bi. Benefits/intended outcome of treatment
 - bii. Individual's risk and side effects
 - biii. Possible alternatives to the proposed medication
 - biv. Possible results of not taking the recommended medications
 - bv. The person's right to withdraw voluntary consent for medication at any time

Standard 16a

**Figure A-43—ADHS Independent Case Review 2005:
Standard 16a**



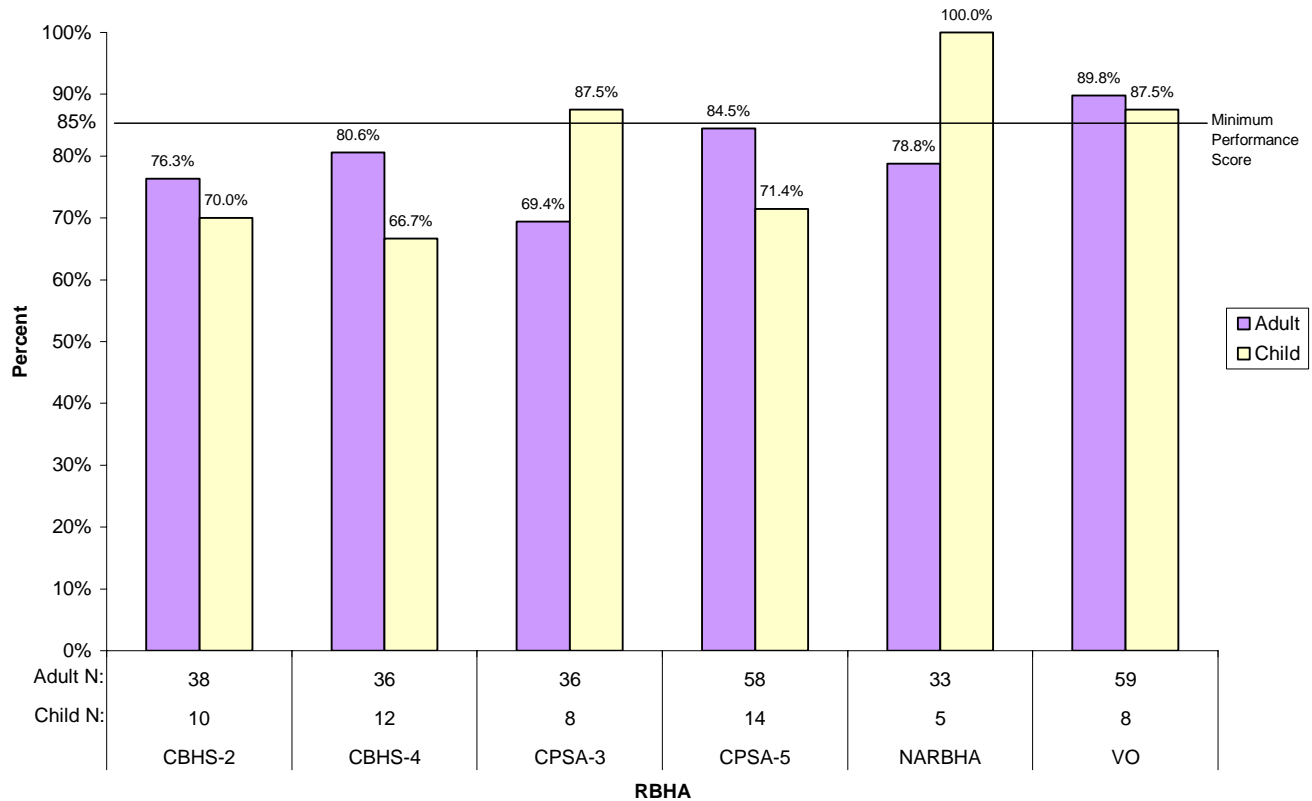
Standard 16a

For each individual who has been prescribed antipsychotic medication during the review period there is documentation that the individual has been assessed for movement disorders:

- a. Upon initiation of all new antipsychotic medications

Standard 16b

**Figure A-44—ADHS Independent Case Review 2005:
Standard 16b**



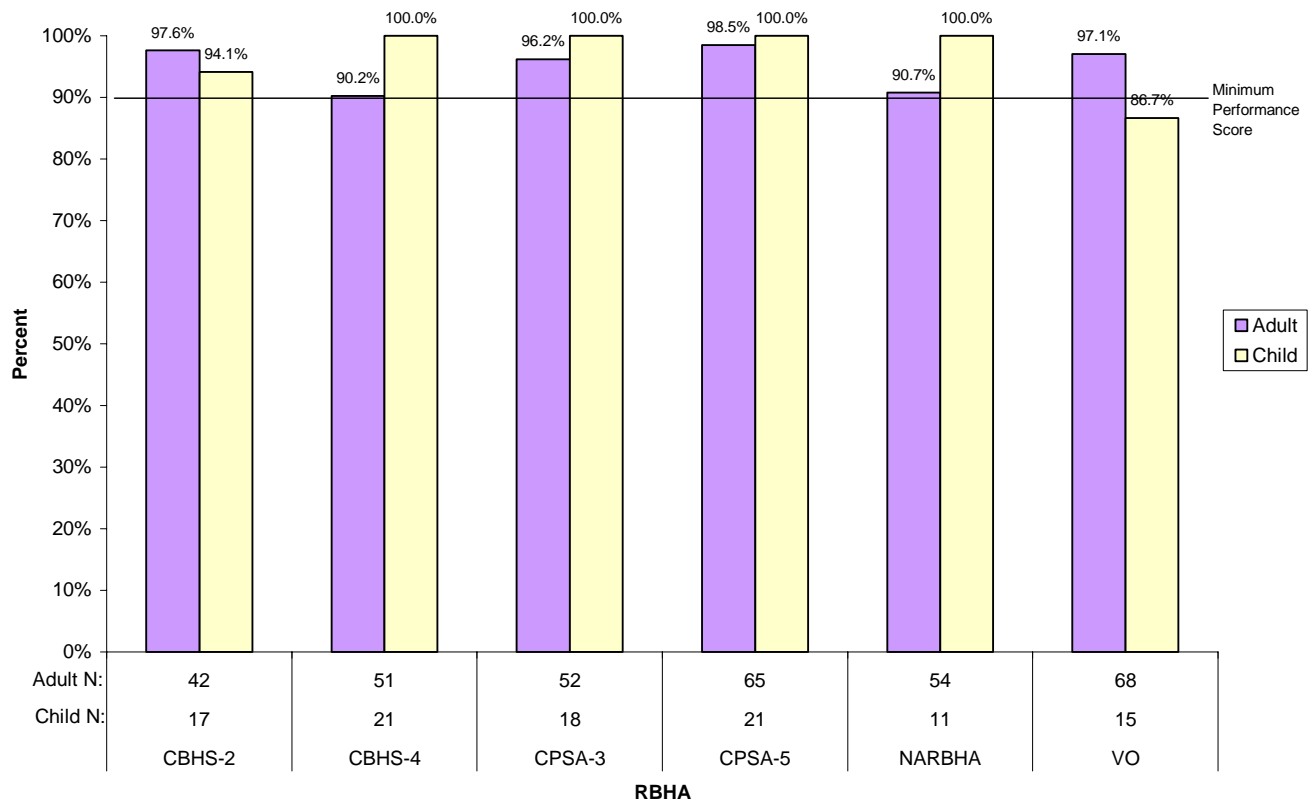
Standard 16b

For each individual who has been prescribed antipsychotic medication during the review period there is documentation that the individual has been assessed for movement disorders:

- b. At least annually for individuals continuing on antipsychotic medications

Standard 17

**Figure A-45—ADHS Independent Case Review 2005:
Standard 17**

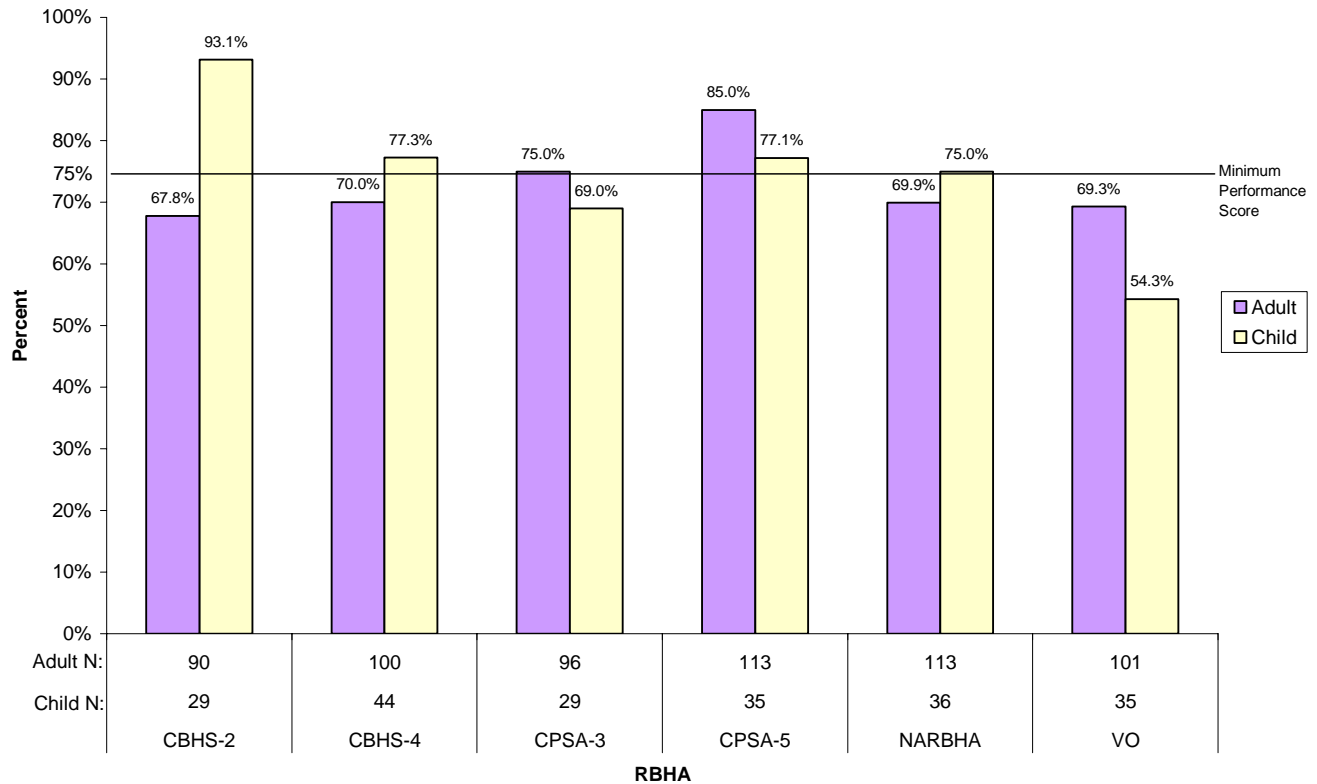


Standard 17

If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects.

Standard 18

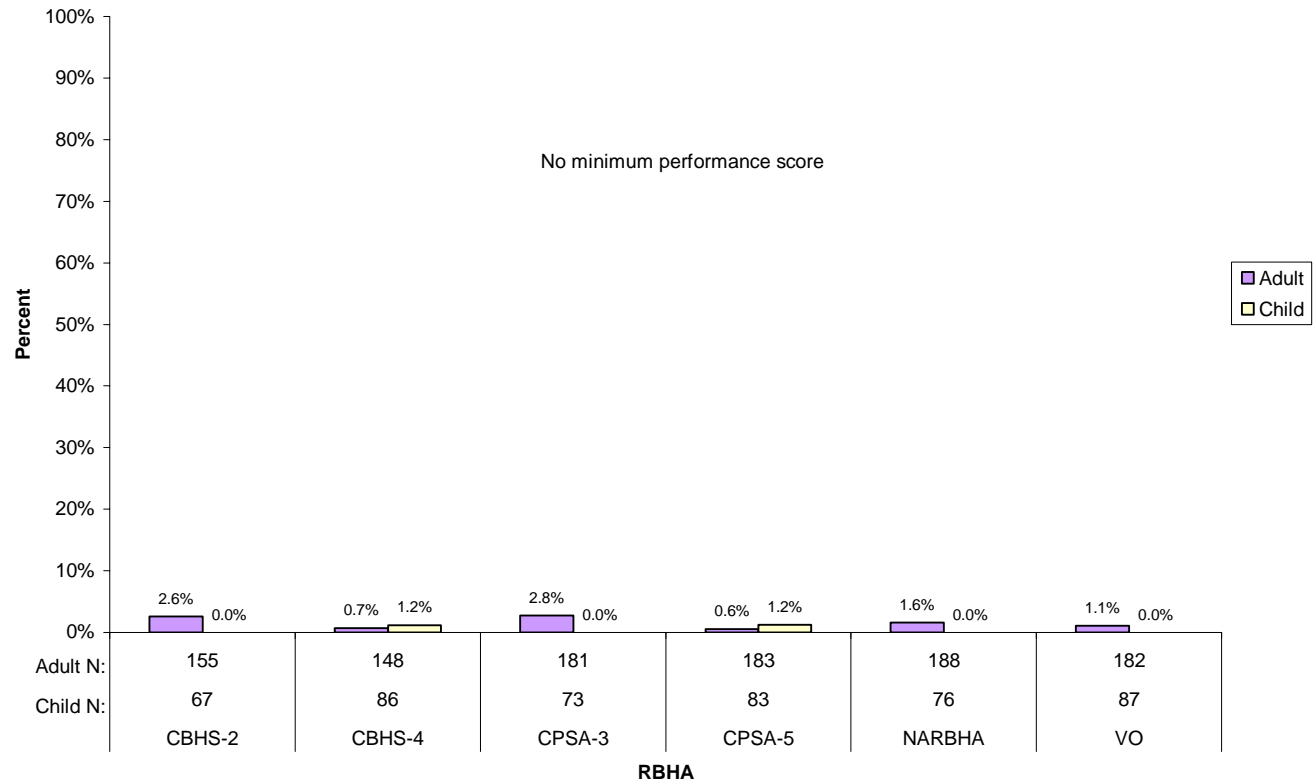
**Figure A-46—ADHS Independent Case Review 2005:
Standard 18**



Standard 18 If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.

Standard 19a

**Figure A-47—ADHS Independent Case Review 2005:
Standard 19a**

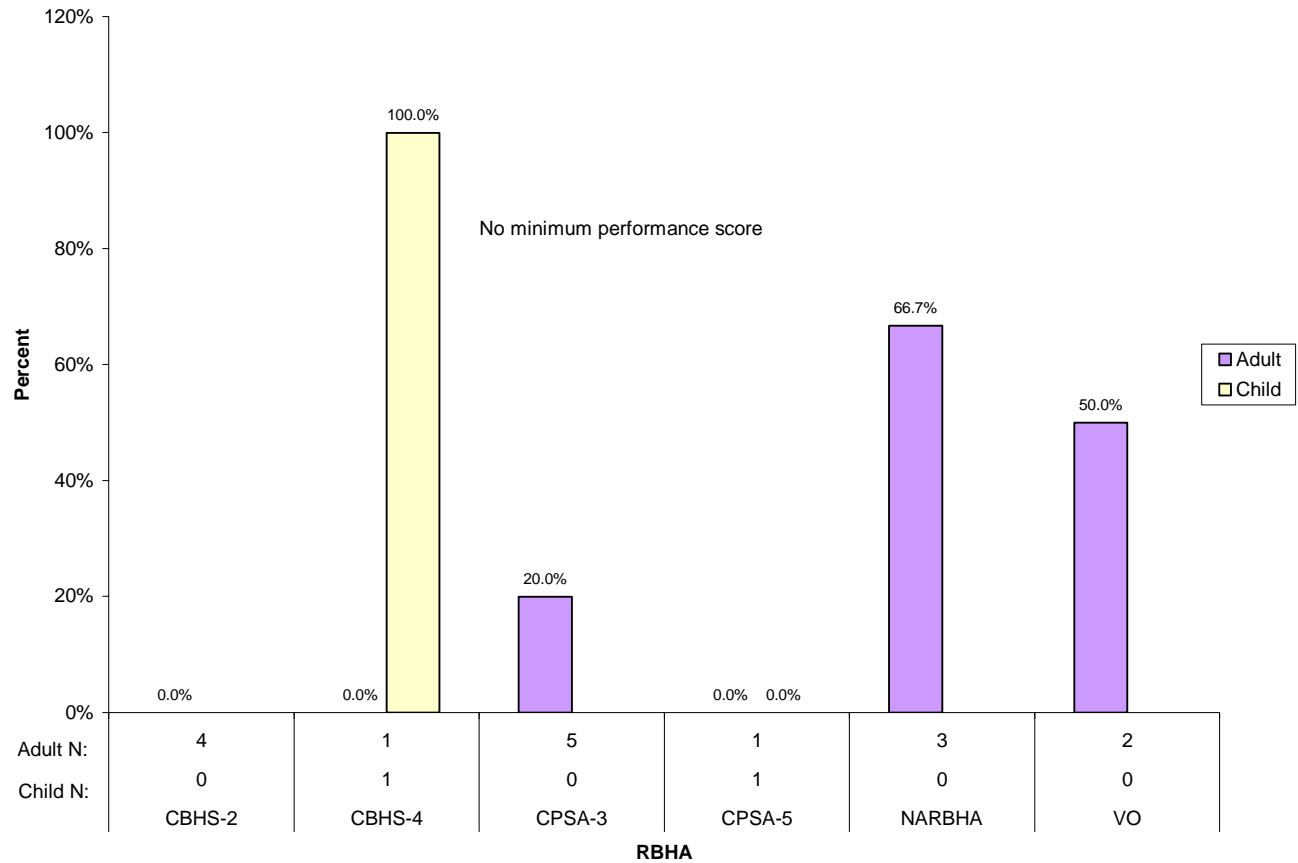


Standard 19a

Were three or more psychotropic medications within the same class prescribed simultaneously during the review period?

Standard 19b

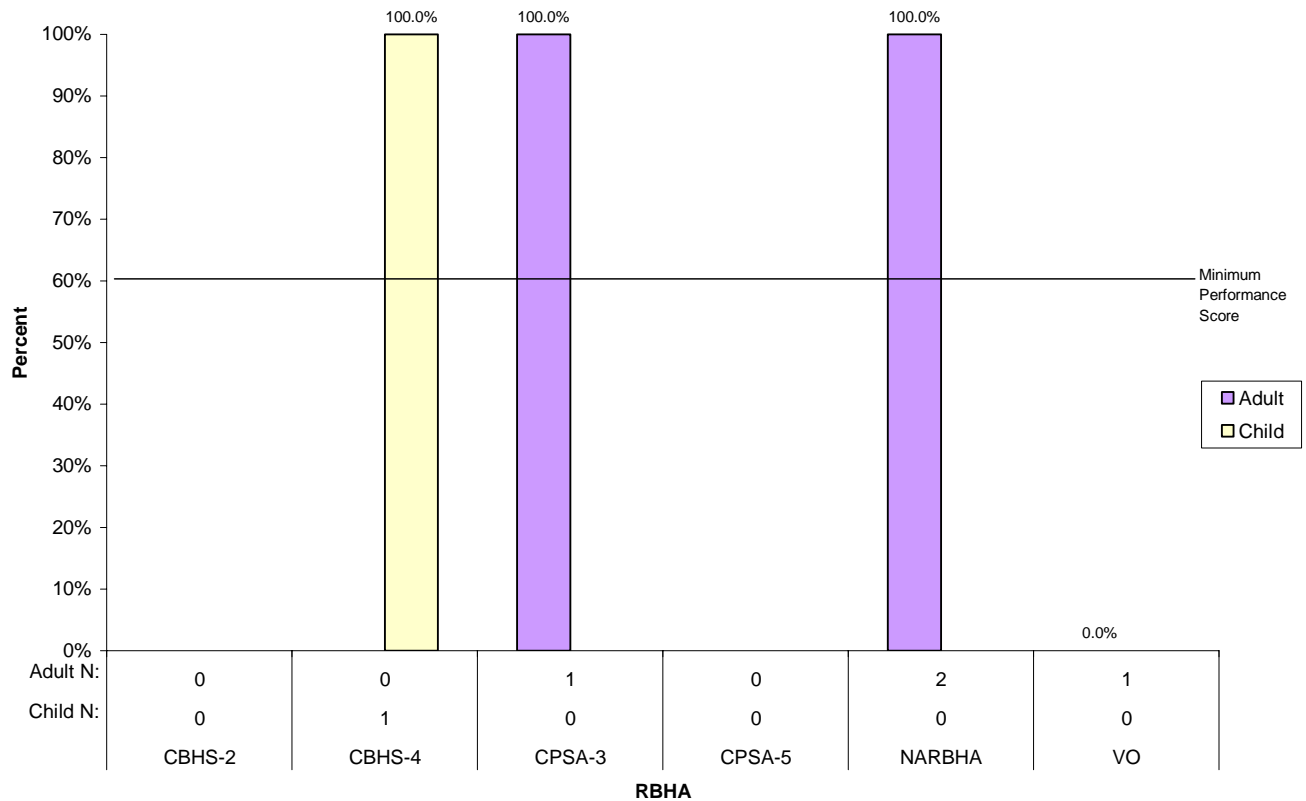
**Figure A-48—ADHS Independent Case Review 2005:
Standard 19b**



Standard 19b | Is rationale for combined use present?

Standard 19c

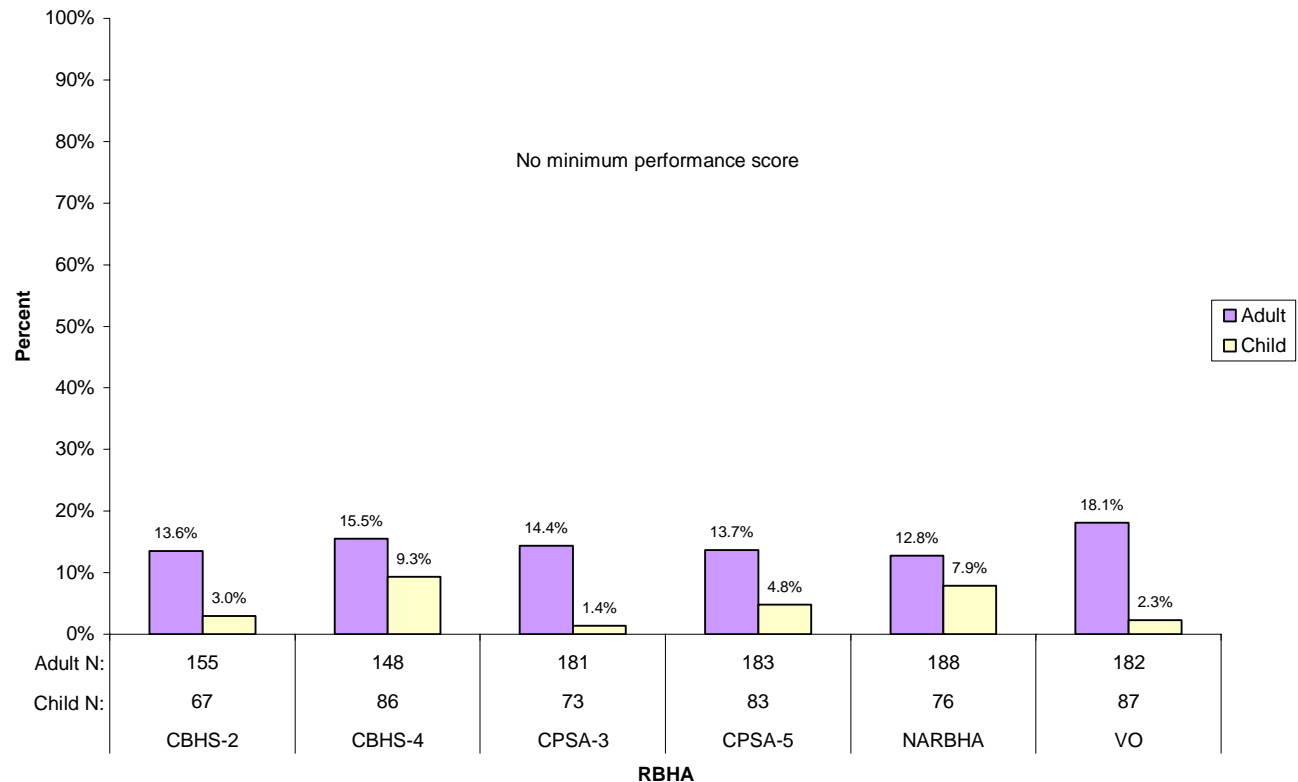
**Figure A-49—ADHS Independent Case Review 2005:
Standard 19c**



Standard 19c Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.

Standard 20a

**Figure A-50—ADHS Independent Case Review 2005:
Standard 20a**

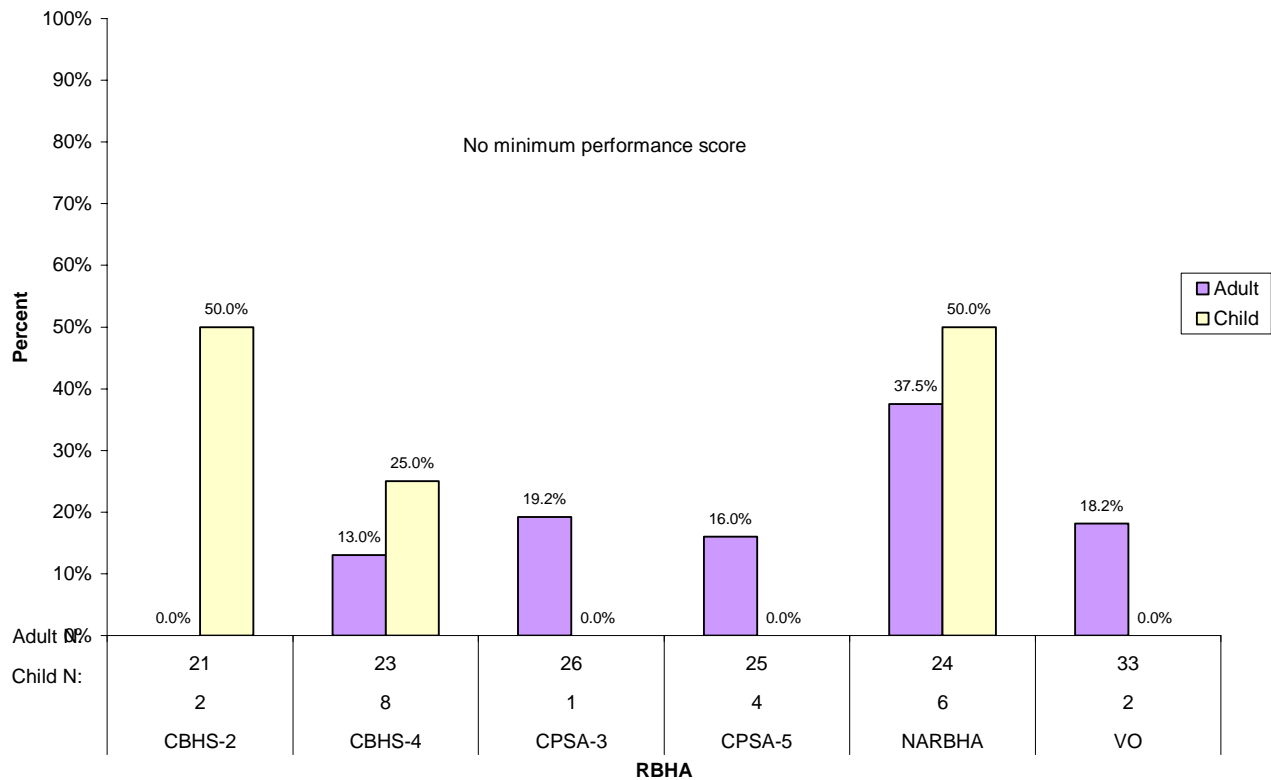


Standard 20a

Were four or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period?

Standard 20b

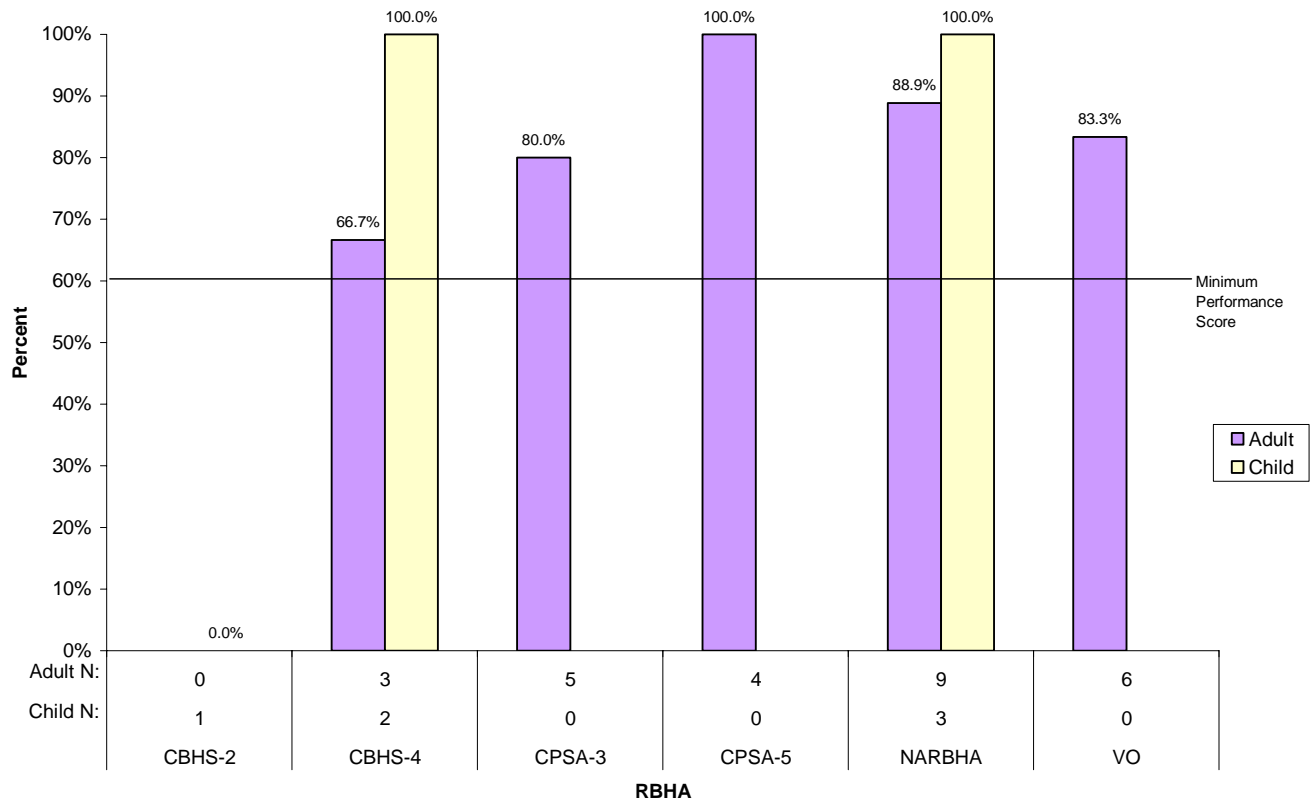
**Figure A-51—ADHS Independent Case Review 2005:
Standard 20b**



Standard 20b | Is rationale for combined use present?

Standard 20c

**Figure A-52—ADHS Independent Case Review 2005:
Standard 20c**



Standard 20c Physician adviser confirmation: Prescribing clinician documentation describes the rationale and justification for combined use.

Appendix B. T/RBHA Results by Diagnosis

Appendix B contains the T/RBHA results by diagnosis.

RBHA Results by Diagnosis

**Table B-1—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with a Mood Disorder**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	65.4	94.4	73.6	67.2	72.5	70.5	74.1
	bi (overall). Initial and periodic assessments include assessment of: ◆ Suicidal ideation/intent ◆ Hypomanic/manic symptoms	90.9	95.7	87.6	76.7	89.0	91.9	89.0
2	Treatment Plans							
	a. Is there a current treatment plan?	59.4	97.6	71.9	82.0	73.9	67.2	75.9
	b (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: ◆ See 2bi	62.8	96.3	71.9	82.6	72.8	69.4	76.1
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	80.0	83.3	72.2	87.5	65.0	80.0	77.5
11	Symptomatic Improvement							
	a (overall). ◆ Symptomatic improvement based on the diagnosis is evident (see 11a) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	97.9	97.4	95.4	93.4	96.8	95.3	96.0
	a. Symptomatic improvement is evident based on: stabilization in sleep, appetite and energy levels, and/or reduction in suicidal ideation/ behavior and/or elevation of mood or maintenance of euthymic mood	89.4	81.6	83.3	85.3	83.7	85.1	84.6
	ai. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	80.0	90.0	72.2	55.6	88.9	78.6	77.6

**Table B-2—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with a Psychotic Disorder**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	56.5	95.8	54.2	66.7	57.6	78.0	69.0
	bii (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ◆ Positive and negative symptoms (e.g., hallucinations/delusions, thought blocking, amotivation, cognitive deficits) ◆ Suicidal/homicidal ideation 	100.0	100.0	100.0	100.0	94.7	97.4	98.5
2	Treatment Plans							
	a. Is there a current treatment plan?	73.9	91.7	87.5	80.6	75.8	74.0	79.5
	b (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ◆ See 2bi ◆ See 2bii 	73.5	88.2	73.1	72.4	73.6	73.8	75.2
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	66.7	66.7	75.0	100.0	66.7	85.7	77.8
	bii. The treatment plan and/or progress notes includes education to consumer and/or family in addition to medication	73.9	87.5	58.3	61.1	72.7	72.0	70.5
11	Symptomatic Improvement							
	b (overall). <ul style="list-style-type: none"> ◆ Symptomatic improvement based on the diagnosis is evident (see 11b) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	100.0	100.0	95.8	94.3	93.6	97.6	96.6
	b. Symptomatic improvement is evident based on: decrease in or absence of positive or negative symptoms (e.g., hallucinations/delusions, thought blocking, amotivation, cognitive deficits)	95.7	86.4	75.0	88.6	74.2	81.0	83.1
	bi. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	100.0	83.3	66.7	85.7	87.5	85.7

**Table B-3—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with ADHD**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	76.1	93.1	70.0	84.8	76.2	68.3	78.4
	biii (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> Hyperactivity or attentional difficulties across two or more settings Evaluation of environmental/situational factors 	97.1	92.6	96.4	100.0	96.9	95.1	96.1
2	Treatment Plans							
	a. Is there a current treatment plan?	76.1	100.0	85.0	87.0	71.4	66.7	81.2
	biii (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> See 2bi See 2biii 	80.2	90.0	79.3	78.7	72.7	71.8	79.0
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	100.0	75.0	100.0	100.0	50.0	75.0	80.0
	biii. The treatment plan and/or progress notes include education to consumer and/or family in addition to medication	82.6	81.0	72.5	69.6	76.2	76.7	76.7
11	Symptomatic Improvement							
	c (overall). <ul style="list-style-type: none"> Symptomatic improvement based on the diagnosis is evident (see 11c) OR <ul style="list-style-type: none"> If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	100.0	98.2	100.0	97.7	94.6	98.1	98.1
	c. Symptomatic improvement is evident based on: decrease in hyperactivity or impulsivity and/or increased ability to focus and concentrate	90.9	80.4	91.7	86.1	81.1	90.4	86.6
	ci. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	90.9	100.0	83.3	83.3	80.0	88.6

**Table B-4—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with a Borderline Personality Disorder**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	75.0	80.0	71.4	75.0	50.0	71.4	68.6
	biv (overall). Initial and periodic assessments include assessment of: ◆ Self injurious/mutilating behaviors ◆ Impulsive behaviors	100.0	100.0	100.0	66.7	50.0	80.0	83.3
2	Treatment Plans							
	a. Is there a current treatment plan?	100.0	100.0	57.1	100.0	75.0	100.0	85.7
	biv (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: ◆ See 2bi ◆ See 2biv	100.0	100.0	76.5	90.0	63.2	100.0	85.9
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	100.0	N/A	100.0	50.0	66.7	100.0	86.7
	biv. The treatment plan and/or progress notes include outpatient psychotherapy	100.0	100.0	85.7	100.0	50.0	100.0	85.7
11	Symptomatic Improvement							
	d (overall). ◆ Symptomatic improvement based on the diagnosis is evident (see 11d) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	100.0	83.3	100.0	80.0	85.7	89.7
	d. Symptomatic improvement is evident based on: decrease in impulsivity and/or frequency of self-injurious behaviors	100.0	100.0	83.3	75.0	80.0	57.1	79.3
	di. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	N/A	N/A	0.0	100.0	0.0	66.7	50.0

**Table B-5—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with a Co-occurring Psychiatric Illness
and Substance Abuse Disorder**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	88.9	96.7	80.7	56.3	76.6	85.2	79.9
	bv (overall). Initial and periodic assessments include assessment of: ♦ Intensity/frequency of substance abuse ♦ Effect of substance abuse on psychiatric symptoms	79.2	72.4	88.0	94.4	63.9	65.2	75.5
2	Treatment Plans							
	a. Is there a current treatment plan?	63.0	93.3	80.7	81.3	68.1	74.1	76.3
	bv (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: ♦ See 2bi ♦ See 2bv	71.0	83.8	78.9	81.7	68.9	72.1	75.6
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	75.0	62.5	88.9	85.7	55.6	71.4	72.7
	bv. The treatment plan and/or progress notes include therapy for both the psychiatric and substance abuse disorders	77.8	80.0	74.2	81.3	72.3	70.4	75.8
11	Symptomatic Improvement							
	e (overall). ♦ Symptomatic improvement based on the diagnosis is evident (see 11e) OR ♦ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	81.8	82.1	87.5	93.1	87.2	91.3	87.3
	e. Symptomatic improvement is evident based on: decrease in frequency or remission of substance abuse	72.7	71.4	75.0	75.9	74.4	69.6	73.3
	ei. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	40.0	50.0	50.0	71.4	62.5	71.4	59.0

**Table B-6—ADHS Independent Case Review 2005:
RBHA Results of ICR Standards 1, 2, and 11 for Members with a Substance Abuse/Dependence Disorder**

#	Standard	CBHS-2 (%)	CBHS-4 (%)	CPSA-3 (%)	CPSA-5 (%)	NARBHA (%)	VO (%)	Total (%)
1	Assessments							
	a. Is there an initial assessment or annual update?	84.9	100.0	72.7	88.9	87.5	64.3	82.9
	bvi (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ◆ Intensity/frequency of substance abuse ◆ Effect of substance abuse/dependence on daily functioning and interpersonal relationships 	100.0	91.7	93.8	93.8	95.2	77.8	94.1
2	Treatment Plans							
	a. Is there a current treatment plan?	78.8	100.0	81.8	94.4	79.2	71.4	82.9
	bvi (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ◆ See 2bi ◆ See 2bvi 	87.3	96.0	88.9	94.6	87.5	80.0	88.7
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	80.0	100.0	100.0	100.0	N/A	50.0	80.0
	bvi. The treatment and/or progress notes include appropriate therapy and supports based on the individual's needs	97.0	91.7	95.5	94.4	95.8	92.9	95.1
11	Symptomatic Improvement							
	f (overall). <ul style="list-style-type: none"> ◆ Symptomatic improvement based on the diagnosis is evident (see 11f) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	91.7	90.9	100.0	100.0	95.2	81.8	94.0
	f. Symptomatic improvement is evident based on: decrease in frequency of target substance use	83.3	81.8	87.5	88.2	85.7	81.8	85.0
	fi. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	66.7	50.0	100.0	100.0	66.7	0.0	64.3

TRBHA Results by Diagnosis

Table B-7—ADHS Independent Case Review 2005: TRBHA Results of ICR Standards 1, 2, and 11 for Members with a Mood Disorder					
#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	76.9	85.7	72.7	77.4
	bi (overall). Initial and periodic assessments include assessment of:				
	♦ Suicidal ideation/intent	80.0	66.7	75.0	75.0
	♦ Hypomanic/manic symptoms				
2	Treatment Plans				
	a. Is there a current treatment plan?	92.3	100.0	45.5	77.4
	b (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis:	93.8	88.9	53.9	79.0
	♦ See 2bi				
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	100.0	50.0	100.0	85.7
11	Symptomatic Improvement				
	a (overall).				
	♦ Symptomatic improvement based on the diagnosis is evident (see 11a) OR				
	♦ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	100.0	100.0	100.0
	a. Symptomatic improvement is evident based on: stabilization in sleep, appetite and energy levels, and/or reduction in suicidal ideation/behavior and/or elevation of mood or maintenance of euthymic mood	75.0	100.0	77.8	78.3
	ai. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	N/A	100.0	100.0

**Table B-8—ADHS Independent Case Review 2005:
TRBHA Results of ICR Standards 1, 2, and 11 for Members with a Psychotic Disorder**

#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	66.7	0.0	66.7	40.0
	bii (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ♦ Positive and negative symptoms (e.g., hallucinations/ delusions, thought blocking, amotivation, cognitive deficits) ♦ Suicidal/homicidal ideation 	100.0	N/A	100.0	100.0
2	Treatment Plans				
	a. Is there a current treatment plan?	100.0	100.0	66.7	90.0
	b (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ♦ See 2bi ♦ See 2bii 	100.0	100.0	71.4	90.5
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	N/A	N/A	100.0	100.0
	bii. The treatment plan and/or progress notes includes education to consumer and/or family in addition to medication	100.0	100.0	66.7	90.0
11	Symptomatic Improvement				
	b (overall). <ul style="list-style-type: none"> ♦ Symptomatic improvement based on the diagnosis is evident (see 11b) OR ♦ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	100.0	50.0	100.0	80.0
	b. Symptomatic improvement is evident based on: decrease in or absence of positive or negative symptoms (e.g., hallucinations/ delusions, thought blocking, amotivation, cognitive deficits)	66.7	50.0	100.0	70.0
	bi. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	0.0	N/A	33.3

**Table B-9—ADHS Independent Case Review 2005:
TRBHA Results of ICR Standards 1, 2, and 11 for Members with ADHD**

#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	90.0	75.0	66.7	80.0
	biii (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ♦ Hyperactivity or attentional difficulties across two or more settings ♦ Evaluation of environmental/ situational factors 	88.9	66.7	75.0	81.3
2	Treatment Plans				
	a. Is there a current treatment plan?	70.0	100.0	83.3	80.0
	biii (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ♦ See 2bi ♦ See 2biii 	80.0	60.0	84.6	76.7
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	N/A	50.0	100.0	66.7
	biii. The treatment plan and/or progress notes include education to consumer and/or family in addition to medication	90.0	25.0	83.3	75.0
11	Symptomatic Improvement				
	c (overall). <ul style="list-style-type: none"> ♦ Symptomatic improvement based on the diagnosis is evident (see 11c) OR ♦ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	90.0	100.0	50.0	80.0
	c. Symptomatic improvement is evident based on: decrease in hyperactivity or impulsivity and/or increased ability to focus and concentrate	70.0	50.0	50.0	60.0
	ci. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	66.7	100.0	0.0	50.0

**Table B-10—ADHS Independent Case Review 2005:
TRBHA Results of ICR Standards 1, 2, and 11 for Members with a Borderline Personality Disorder**

#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	N/A	100.0	N/A	100.0
	biv (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ◆ Self injurious/mutilating behaviors ◆ Impulsive behaviors 	N/A	0.0	N/A	0.0
2	Treatment Plans				
	a. Is there a current treatment plan?	N/A	100.0	N/A	100.0
	biv (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ◆ See 2bi ◆ See 2biv 	N/A	100.0	N/A	100.0
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	N/A	N/A	N/A	N/A
	biv. The treatment plan and/or progress notes include outpatient psychotherapy	N/A	100.0	N/A	100.0
11	Symptomatic Improvement				
	d (overall). <ul style="list-style-type: none"> ◆ Symptomatic improvement based on the diagnosis is evident (see 11d) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	N/A	N/A	N/A	N/A
	d. Symptomatic improvement is evident based on: decrease in impulsivity and/or frequency of self-injurious behaviors	N/A	N/A	N/A	N/A
	di. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	N/A	N/A	N/A	N/A

**Table B-11—ADHS Independent Case Review 2005:
TRBHA Results of ICR Standards 1, 2, and 11 for Members with a Co-occurring Psychiatric Illness
and Substance Abuse Disorder**

#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	100.0	50.0	87.5	88.2
	bv (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ◆ Intensity/frequency of substance abuse ◆ Effect of substance abuse on psychiatric symptoms 	71.4	0.0	57.1	60.0
2	Treatment Plans				
	a. Is there a current treatment plan?	85.7	100.0	62.5	76.5
	bv (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ◆ See 2bi ◆ See 2bv 	82.4	80.0	72.2	77.5
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	100.0	0.0	100.0	83.3
	bv. The treatment plan and/or progress notes include therapy for both the psychiatric and substance abuse disorders	71.4	100.0	75.0	76.5
11	Symptomatic Improvement				
	e (overall). <ul style="list-style-type: none"> ◆ Symptomatic improvement based on the diagnosis is evident (see 11e) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	85.7	100.0	85.7	86.7
	e. Symptomatic improvement is evident based on: decrease in frequency or remission of substance abuse	28.6	100.0	42.9	40.0
	ei. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	N/A	75.0	87.5

**Table B-12—ADHS Independent Case Review 2005:
TRBHA Results of ICR Standards 1, 2, and 11 for Members with a Substance Abuse/Dependence Disorder**

#	Standard	Gila River (%)	Navajo Nation (%)	Pascua Yaqui (%)	Total (%)
1	Assessments				
	a. Is there an initial assessment or annual update?	100.0	100.0	54.6	70.6
	bvi (overall). Initial and periodic assessments include assessment of: <ul style="list-style-type: none"> ◆ Intensity/frequency of substance abuse ◆ Effect of substance abuse/ dependence on daily functioning and interpersonal relationships 	100.0	100.0	100.0	100.0
2	Treatment Plans				
	a. Is there a current treatment plan?	100.0	100.0	72.7	82.4
	bvi (overall). There is a current treatment plan present and appropriate treatment is provided based on the diagnosis: <ul style="list-style-type: none"> ◆ See 2bi ◆ See 2bvi 	100.0	100.0	86.4	91.4
	bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention	N/A	100.0	N/A	100.0
	bvi. The treatment and/or progress notes include appropriate therapy and supports based on the individual's needs	100.0	100.0	100.0	100.0
11	Symptomatic Improvement				
	f (overall). <ul style="list-style-type: none"> ◆ Symptomatic improvement based on the diagnosis is evident (see 11f) OR ◆ If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement 	100.0	100.0	100.0	100.0
	f. Symptomatic improvement is evident based on: decrease in frequency of target substance use	66.7	100.0	100.0	93.8
	fi. If symptomatic improvement is not evident, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	100.0	N/A	N/A	100.0

Appendix C contains the abstraction tool used by HSAG.

[Return to Demo Launchpad](#)

hsag id:

mi:

adult child:

sample:

rbha:

last name:

dd:

study:

first name:

age:

chart:

Documentation: No files

Exclusion) If any of the following apply, stop abstraction and consult the project manager.

- | | | | |
|---|---|-------------------------------|---|
| <input type="radio"/> No data in measurement year | <input type="radio"/> Individual incarcerated | <input type="radio"/> Moved | <input type="radio"/> Intake only |
| <input type="radio"/> Residential only | <input type="radio"/> Deceased | <input type="radio"/> Other | <input type="radio"/> Inpatient data only |
| <input type="radio"/> Disenrolled | <input type="radio"/> Crisis only | <input type="radio"/> None/OK | |

Diagnosis) Mood Disorder diagnosis **Diagnosis** ☐ Yes

Diagnosis) Psychotic Disorder diagnosis **Diagnosis** ☐ Yes

Diagnosis) ADHD diagnosis **Diagnosis** ☐ Yes

Diagnosis) Borderline Personality Disorder diagnosis **Diagnosis** ☐ Yes

Diagnosis) Co-occurring psychiatric illness and substance abuse disorder diagnosis **Diagnosis** ☐ Yes

Diagnosis) Substance abuse/dependence diagnosis only (no other Axis I or II diagnosis) **Diagnosis** ☐ Yes

1) Assessments

a. Is there an initial assessment or annual update? **a** ☐ Yes ☐ No

b. The initial and/or annual assessment (including physician progress notes) include documentation addressing the essential elements listed below associated with each diagnosis or situation:

bi. If diagnosed with a mood disorder, initial and periodic assessments include assessment of:

bi1. Suicidal ideation/intent **bi1** ☐ Yes ☐ No

bi2. Hypomanic/manic symptoms (e.g., inflated self esteem, decreased need for sleep, more talkative than usual, etc.) **bi2** ☐ Yes ☐ No

bii. If diagnosed with a psychotic disorder, initial and periodic assessments include assessment of:

bii1. Positive and negative symptoms (e.g., hallucinations, delusions, thought blocking, amotivation, cognitive deficits) **bii1** ☐ Yes ☐ No

bii2. Suicidal/homicidal ideations **bii2** ☐ Yes ☐ No

biii. If diagnosed with ADHD, initial and periodic assessments include assessment of:

biii1. Hyperactivity or attentional difficulties across two or more settings **biii1** ☐ Yes ☐ No

biii2. Evaluation of environmental/situational factors **biii2** ☐ Yes ☐ No

biv. If diagnosed with Borderline Personality Disorder, initial and periodic assessments include assessment of:

biv1. Self-injurious/mutilating behaviors **biv1** ☐ Yes ☐ No

biv2. Impulsive behaviors (e.g., spending, sex, reckless driving, binge eating, etc.) **biv2** ☐ Yes ☐ No

bv. If diagnosed with co-occurring psychiatric illness and substance abuse, initial and periodic assessments include assessment of:

bv1. Intensity/frequency of substance use **bv1** ☐ Yes ☐ No

bv2. Effect of substance abuse on psychiatric symptoms **bv2** ☐ Yes ☐ No

bvi. If diagnosed solely with a substance abuse/dependence disorder (i.e. no other Axis I or Axis II diagnoses), initial and periodic assessment include assessment of:

bvi1. Intensity/frequency of substance abuse **bvi1** ☐ Yes ☐ No

bvi2. Effect of substance abuse/dependence on daily functioning and interpersonal relationships **bvi2** ☐ Yes ☐ No

bvii. If the individual was under the age of five during the review period: **bvii** ☐ N/A

bvii1. The Developmental Checklist OR Ages and Stages Questionnaire were used to assess development **bvii1** ☐ Yes ☐ No

bvii2. History about the child and family is documented **bvii2** ☐ Yes ☐ No

bvii3. Observations of the child/parent relationship are documented **bvii3** ☐ Yes ☐ No

bvii4. Caregiver consistency and living environment is assessed **bvii4** ☐ Yes ☐ No

bvii5. Risks related to neglect and abuse are assessed and documented **bvii5** ☐ Yes ☐ No

bvii6. The child's typical routine, including challenges, is assessed **bvii6** ☐ Yes ☐ No

flag_a. Was the individual under the age of five during the review period? **flag_a** ☐ Yes ☐ No

flag_ai. If "yes", was the new Birth-to-Five Assessment Tool used? **flag_ai** ☐ Yes ☐ No

flag_b. For individuals equal to or over the age of five, was the standardized assessment form used? **flag_b** ☐ Yes ☐ No

2) Treatment plans

a. Is there a current treatment plan? **a** ☐ Yes ☐ No

b. Appropriate treatment is provided based on the diagnosis:

bi. If records indicate a history of previous suicide attempt (within the last 3 years), the treatment plan and/or progress notes includes suicide prevention/intervention **bi** ☐ Yes ☐ No ☐ N/A

bii. If records indicate a diagnosis of psychotic disorder, the treatment plan and/or progress notes includes education to consumer and/or family in addition to medication **bii** ☐ Yes ☐ No ☐ N/A

biii. If records indicate a diagnosis of ADHD, the treatment plan and/or progress notes include education to consumer and/or family in addition to medication **biii** ☐ Yes ☐ No ☐ N/A

biv. If records indicate a diagnosis of Borderline Personality Disorder, the treatment plan and/or progress notes include outpatient psychotherapy **biv** ☐ Yes ☐ No ☐ N/A

bv. If records indicate a diagnosis of co-occurring psychiatric illness and substance abuse, the treatment plan and/or progress notes includes therapy for both the psychiatric and substance abuse disorders **bv** ☐ Yes ☐ No ☐ N/A

bvi. If diagnosed solely with a substance abuse/dependence disorder (i.e. no other Axis I or Axis II diagnoses), the treatment plan and/or progress notes includes appropriate therapy and supports based on the individual's needs **bvi** ☐ Yes ☐ No ☐ N/A

bvii. If the individual was under the age of five during the review period: the treatment plan and/or progress notes are consistent with finding in the assessment/annual update (ex: use of dyadic work, coordination of care with other identified agencies)

bvii ☐ Yes ☐ No ☐ N/A

flag_1. Was the individual under the age of five during the review period?

flag_1 ☐ Yes ☐ No

flag_2. If "YES", was the Behavioral Health Service Plan: Birth-5 standardized treatment form used?

flag_2 ☐ Yes ☐ No

flag_3. For individuals equal to or over the age of five, was the Behavioral Health Service Plan standardized treatment form used?

flag_3 ☐ Yes ☐ No

3) Staff actively engage the following in the treatment planning process

a. Individual

a ☐ Yes ☐ No ☐ N/A

b. Family

b ☐ Yes ☐ No ☐ N/A

c. Other agencies

c ☐ Yes ☐ No ☐ N/A

4) Case management services are provided based on the individual's assessment, acuity of the person, and treatment recommendations

4 ☐ Yes ☐ No

5) Outreach/follow-up occurs after

a. Discharge from inpatient

a ☐ Yes ☐ No ☐ N/A

b. Discharge from residential

b ☐ Yes ☐ No ☐ N/A

c. Missed appointments

c ☐ Yes ☐ No ☐ N/A

d. Crisis episodes

d ☐ Yes ☐ No ☐ N/A

e. Service refusal

e ☐ Yes ☐ No ☐ N/A

f. Medication refusal

f ☐ Yes ☐ No ☐ N/A

6) FOR DDD MEMBERS ONLY

a. CFT: If the individual is <18 years of age, is there a functioning child and family team?

a ☐ Yes ☐ No ☐ N/A

b. Counseling: Does documentation (assessment, treatment plan, physician notes) indicate the need for counseling services?

b ☐ Yes ☐ No

bi. If YES, is counseling being provided?

bi ☐ Yes ☐ No ☐ N/A

c. Prescriber contact:

c ☐ N/A

ci. The individual was seen by the physician/prescriber 0-4 times during the study period?

ci ☐ Yes ☐ No

cii. The individual was seen by the physician/prescriber 5-8 times during the study period?

cii ☐ Yes ☐ No

ciii. The individual was seen by the physician/prescriber 9 or more times during the study period?

ciii ☐ Yes ☐ No

7) The Clinical Liaison is actively involved in the oversight of the treatment

7 ☐ Yes ☐ No

8) Was the recipient's primary language English?

8 ☐ Yes ☐ No

a. Does documentation show services were provided in the recipient's primary language?

a ☐ Yes ☐ No

b. Was the recipient and/or family informed that interpreter services were available?

b ☐ Yes ☐ No

9)	The disposition of the referral from the PCP or Health Plan is communicated to the PCP or Health Plan within 30 days of receiving the request for service:	9	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
10)	Behavioral healthcare has been coordinated with the member's PCP as required	10	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
11)	Symptomatic improvement based on the diagnosis is noted as follows:				
	a. Mood disorders: stabilization in sleep, appetite, and energy levels, and/or reduction in suicidal ideation/behavior and/or elevation of mood or maintenance of euthymic mood	a	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	ai. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement:	ai	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	b. Psychotic disorders: decrease in or absence of positive or negative symptoms (e.g. hallucinations/delusions, thought blocking, amotivation, cognitive deficits)	b	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	bi. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	bi	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	c. ADHD: decrease in hyperactivity or impulsivity and/or increased ability to focus and concentrate	c	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	ci. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	ci	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	d. Borderline Personality Disorder: decrease in impulsivity and/or frequency of self-injurious behaviors	d	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	di. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	di	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	e. Co-occurring psychiatric illness and substance abuse disorder: decrease in frequency or remission of substance abuse	e	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	ei. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	ei	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	f. Substance abuse/dependence (solely; no other Axis I or II diagnoses): decrease in frequency of target substance use	f	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	fi. If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement	fi	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
12)	Functional improvement is evidenced by:				
	a. FOR INDIVIDUALS 0<5 YEARS OLD:				
	ai. Improved emotional regulation	ai	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	aii. Improved readiness/capability to learn	aii	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	aiii. Improved ability to explore and adapt to environment	aiii	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	aiv. Improved parent/child relationship and interaction	aiv	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	av. Improved/sustained stability of living environment	av	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
	b. FOR INDIVIDUALS 5<18 YEARS OLD:				

- | | | | | |
|--|-------------|---------------------------|--------------------------|---------------------------|
| bi. Decreased delinquency/criminal activity | bi | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| bii. Improved performance/participation in school | bii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| biii. Improved stability and movement towards becoming productive adult | biii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| biv. Lives with family or moving toward living with family | biv | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| bv. Improved/sustained stability of living environment | bv | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| bvi. Decrease in safety risks | bvi | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| bvii. If functional improvement is not evident for any applicable areas above, the provider has revised the treatment approach and/or sought consultation in order to facilitate functional improvement | bvii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c. FOR INDIVIDUALS ≥ 18 YEARS: | | | | |
| ci. Decreased delinquency/criminal activity | ci | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| cii. Improved performance/participation in the workplace | cii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| ciii. Improved/sustained ability to perform community living skills | ciii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| civ. Increased/sustained participation in social activities | civ | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| cv. Improved/sustained stability of living environment | cv | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| cvi. Reduced alcohol/drug use | cvi | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| cvii. If functional improvement is not evident for any applicable areas above, the provider has revised the treatment approach and/or sought consultation in order to facilitate functional improvement | cvii | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

- 13)** For each individual who is continuously prescribed lithium (including Lithium Carbonate, Lithium Citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually
- | | | | |
|--|----------|---------------------------|--------------------------|
| 1. Was the individual continuously prescribed lithium during the review period? | 1 | <input type="radio"/> Yes | <input type="radio"/> No |
| a. Lithium blood levels have been ordered and/or obtained | a | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Thyroid function test (TSH) has been ordered and/or obtained | b | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Renal function test (BUN/creatinine or 24 hour urine) has been ordered and/or obtained | c | <input type="radio"/> Yes | <input type="radio"/> No |

- 14)** For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually
- | | | | |
|--|----------|---------------------------|--------------------------|
| 1. Was the individual continuously prescribed an atypical antipsychotic during the review period? | 1 | <input type="radio"/> Yes | <input type="radio"/> No |
| a. Blood glucose has been ordered and/or obtained | a | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Lipid levels have been ordered and/or obtained | b | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Weight/BMI have been obtained | c | <input type="radio"/> Yes | <input type="radio"/> No |

- 15)** Informed Consent for new psychotropic medications:
- | | | | | |
|---|-----------|---------------------------|--------------------------|---------------------------|
| a. Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period | a | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b. For all of the new psychotropic medications prescribed during the review period from '15a,' informed consent documentation includes the following | b | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| bi. Benefits/intended outcome of treatment | bi | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

bii. Individual's Risk and side effects**bii** ☐ Yes ☐ No ☐ N/A**biii.** Possible alternatives to the proposed medication**biii** ☐ Yes ☐ No ☐ N/A**biv.** Possible results of not taking the recommended medications**biv** ☐ Yes ☐ No ☐ N/A**bv.** The person's right to withdraw voluntary consent for medication at any time**bv** ☐ Yes ☐ No ☐ N/A**flag_1.** Was the DBHS-recommended standardized informed consent form used for all new psychotropic medications**flag_1** ☐ Yes ☐ No

- 16)** For each individual who has been prescribed antipsychotic medication during the review period, there is documentation that the individual has been assessed for movement disorders
- a.** upon initiation of all new antipsychotic medications **a** ☐ Yes ☐ No ☐ N/A
- b.** at least annually for individuals continuing on antipsychotic medications **b** ☐ Yes ☐ No ☐ N/A
- 17)** If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of follow-up actions to address adverse effects **17** ☐ Yes ☐ No ☐ N/A
- 18)** If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication **18** ☐ Yes ☐ No ☐ N/A
- 19a)** Were 3 or more psychotropic medications within the same class prescribed simultaneously during the review period? **19a** ☐ Yes ☐ No
- 19b)** Is rationale for combined use present? **19b** ☐ Yes ☐ No
- 19c)** Physician Advisor confirmation: Prescribing clinician documentation describes the rationale and justification for combined use **19c** ☐ Yes ☐ No ☐ N/A
- 20a)** Were 4 or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period? **20a** ☐ Yes ☐ No
- 20b)** Is rationale for combined use present? **20b** ☐ Yes ☐ No
- 20c)** Physician Advisor confirmation: Prescribing clinician documentation describes the rationale and justification for combined use **20c** ☐ Yes ☐ No ☐ N/A

Add Note:**Notes:**

Appendix D. Instructions for Using Abstraction Tool

Appendix D contains instructions for using the abstraction tool.

INDEPENDENT CASE REVIEW
2005 Instructions
Final 1-16-06

The items below correspond to the Independent Case Review Tool. The study period is January 1, 2005, through December 31, 2005.

Replacement Protocol: If any of the following apply and it appears there is not enough data to abstract, the abstractor will stop abstraction and consult the project coordinator. The project coordinator will review the record to determine if there is sufficient data to continue abstraction. If the project coordinator determines there is sufficient data available, the abstractor will be asked to resume abstraction. If the project coordinator determines the record does not have substantial data to complete the abstraction, the project coordinator will bubble the appropriate reason and a replacement will be assigned. The project coordinator will then bubble the replacement field and enter the HSAG ID of the replacement record.

- *No data in measurement period
- *Inpatient data only
- *Individual incarcerated
- *Residential only
- *Disenrolled
- *Moved
- *Deceased
- *Crisis only
- *Intake only
- *Other

1.a) Answer YES if there is an initial assessment or annual update present in the record from January 1, 2005, through December 31, 2005. Answer NO if there is no initial assessment or annual update during the review period of 2005. If 1.a) is NO, then 1.b) is NA.

FLAG a: Answer YES if the individual was younger than 5 years of age during the review period. Answer NO if the individual was 5 years of age or older during the review period.

FLAG a)i: If you answered YES to the above question, answer YES here if the new Birth-to-Five Assessment Tool was used for the initial assessment/annual update.

FLAG b: Answer YES if the individual was 5 years of age or older AND the Standardized (general) Assessment Tool was used for the initial assessment/annual update.

1.b) Answer YES if the initial and/or annual assessment (including physician progress notes) include documentation addressing the essential elements associated with each

diagnosis or situation. First look to see if the individual is diagnosed with one or more of the following diagnoses:

- i) Mood disorder—including depression, dysthymia, cyclothymia, bipolar disorder, mood disorder due to a medical problem/substance abuse, or mood disorder not otherwise specified. If the diagnosis is not present, answer NA for this category
- ii) Psychotic disorder—including schizophrenia, schizophreniform, schizoaffective disorder, delusional disorder, psychotic disorder due to a medical problem/substance abuse, or psychotic disorder NOS. If the diagnosis is not present, answer NA for this category
- iii) Attention-deficit hyperactivity disorder (ADHD)—if the diagnosis is not present, answer NA for this category
- iv) Borderline personality disorder—if the diagnosis is not present, answer NA for this category
- v) Dual diagnosis (mental illness + current/ongoing substance abuse)—If both diagnoses are not present, answer NA for this category
- vi) Substance abuse/dependence solely—individual is diagnosed with current abuse of or dependence on a substance (other than nicotine or caffeine) or is diagnosed with polysubstance abuse (PSA). Diagnoses including “in partial remission,” “in full remission,” or “history of” do not qualify. If substance abuse or dependence is not present OR if dual diagnosis is present, answer NA for this category.
- vii) The individual was younger than 5 years of age during the review period. If the individual was 5 years of age or older during the study period, answer NA for this category.

More than one diagnosis/situation may apply. For example, the individual may be diagnosed with both ADHD and dual diagnosis. For any of the above diagnoses/situations not answered NA above, review the initial assessment or the annual update, depending on which was completed during the study period, and review physician progress notes. (See Exhibit A and Exhibit B for examples of the approved standardized assessment/annual update forms). Using clinical judgment, determine if the assessment or assessments include the specified documentation addressing the essential elements for that particular diagnosis/situation. For example, if the individual is diagnosed with ADHD, does the documentation include assessment of hyperactivity or attention difficulties across two or more settings? Does the documentation include evaluation of environmental/situational factors, which could be contributing to the symptoms? If the assessment or assessments contain the needed information, answer YES. If not, answer NO.

For 1b(vii) pertaining to the birth-to-five population, there are six substandards to assess:

- (1) To assess the developmental history, either the Developmental Checklist (as used in the new assessment tool) OR the Ages and Stages Questionnaire must be used to qualify for a YES answer. Either of these questionnaires should be clearly labeled.
- (2) To assess comprehensiveness of the child and family history, look for documentation about (1) the pregnancy, (2) family composition, (3) child's medical history, AND (4) parent medical/mental health history. All of these must be documented to receive a YES answer.
- (3) Observations of the child/parent relationship refer to specific observations and impressions of the child/parent interaction. This may include how they play together, sibling interactions, level of affection displayed, etc. To receive a YES answer, the assessor must document observations of interactions between child/parent other than just in the Mental Status Exam section. Answer YES if the child is in foster care, a group home or living with someone other than the parent, and observations of the child/primary caregiver interaction are documented.
- (4) Documentation of caregiver consistency or lack of consistency, and living environment, includes documentation of whether or not the child lives with his or her biological family or not, if Child Protective Services (CPS) is involved or not, if daycare or other caregivers are involved or not, AND if there have been multiple/inconsistent caregivers or not. All of these must be documented to receive a YES answer.
- (5) Risks related to neglect and/or abuse MUST include documentation of whether or not the child has been exposed to sexual/physical/emotional abuse, whether or not the child has experienced neglect/deprivation, AND whether or not the child has been assaultive to others. All of these must be documented to receive a YES answer.
- (6) Documentation of the child's typical routine/challenges must include documentation about sleep habits (or problems if present), eating habits (or problems if present), AND reactions to everyday experiences such as bathing/loud sounds/strangers. All of these must be documented to receive a YES answer.

2.a) If there is a current treatment plan during the review period, answer YES. Treatment plans should be updated at least annually, but more frequently if indicated. Answer YES if the treatment plan has been updated within the review period. If there is no treatment plan during the review period, answer NO.

FLAG 1: Answer YES if the individual was younger than 5 years of age during the review period. Answer NO if the individual was 5 years of age or older during the review period.

FLAG 2: If you answered YES to the above question, answer YES here if the new Behavioral Health Service Plan: Birth-5 standardized treatment form was used.

FLAG 3: Answer YES if the individual was 5 years of age or older AND the Behavioral Health Service Plan standardized treatment form was used.

2.b) Review the treatment/service plan and physician progress notes. Decide if the identified needs of the individual are incorporated into the treatment plan and/or physician progress notes based on the specific diagnosis/criteria outlined in 2.b)i) through 2.b)vi). If the specified identified needs are not incorporated into the treatment plan or progress notes, answer NO. If identified needs are incorporated in the plan or progress notes, answer YES. If the specified diagnosis/criteria does not apply to the individual, answer NA. For example, if the individual is diagnosed with ADHD, does the treatment plan or progress notes document education for the consumer and/or family about the diagnosis and ways to enhance treatment benefits besides the use of medications? More than one diagnosis/situation may apply. For example, the individual may be diagnosed with both ADHD and dual diagnosis. If the individual is diagnosed with more than one, respond to all that apply and answer NA for the diagnoses/situations that do not apply. NOTE: A history of a suicide attempt (within the last 3 years) is not specific to mood disorders alone. For example, the individual may be diagnosed with a psychotic disorder, but made a suicide attempt one year earlier. If that is the case, 2bi should be addressed.

For 2b (vi) pertaining to substance abuse/dependence solely, “appropriate therapy and supports based on the individual’s needs” includes consideration of whether the individual would most benefit from individual therapy, group therapy, family therapy, or peer support. The individual should be connected with some type of therapy service. Other services, such as a residential program for substance abusers, may also be one of the identified needs.

For 2b(vii) pertaining to the birth-to-five population, if the individual was younger than 5 years of age when the treatment plan was completed, review the treatment plan and/or physician progress notes to verify that they are consistent with findings documented in the assessment/annual update (e.g., use of dyadic work, coordination of care with other identified agencies). Answer YES if documentation in the treatment and/or progress notes indicates all identified needs are being addressed.

3. If, in the treatment planning process, there is evidence that staff has made efforts to actively engage the individual and involved family members/significant others or other involved parties/agencies in the treatment planning process, answer YES. If there is evidence that these individuals would have an impact on treatment planning but there is no evidence of staff efforts to engage them, the reviewer will check the

NO box assigned to the applicable designated party (individual, family/significant other, other agencies). Answer NA for 3a if the individual was younger than 5 years of age because engagement of the individual in treatment planning is not typically believed to be possible. Answer NA for 3b and 3c if there are no family/significant others or other agencies. Since an adult individual has to give permission for other involved parties or family members to participate in treatment planning, this should be considered when deciding who should have been involved. For individuals with multiagency involvement, there should be evidence for each agency identified that staff actively attempted to engage the agency's participation and that its input was considered in the development of the treatment/service. For each person or agency designated, evidence of active engagement includes verbal or written efforts to solicit input.

For a DDD individual (child or adult), the DDD support coordinator must be involved in the treatment planning process. A child's parent or guardian must also be involved. The DDD adult individual and his or her guardian (if applicable) must also be involved in the treatment planning process. Foster parents are considered family. Group home staff, CPS, or DDD guardians are considered other agencies. Check to see if the DDD support coordinator or other DDD staff attended behavioral health team meetings or medication reviews with the prescriber. Also, review the DDD Individual Support Plan (ISP) for evidence that the behavioral health case manager attended DDD team meetings.

For individuals with multiple agency involvement, if evidence of active engagement to solicit input from **all** designated parties is present, answer YES. If no evidence of active engagement, or only **some** of the designated parties were solicited for input, answer NO.

4. Review case management services related to the needs identified in the assessment, acuity of the person, and treatment recommendations. Case management is a supportive service that may be provided by any number of professionals involved in the individual's care and is not provided only by a case manager. (See Exhibit C regarding the definition of case management.) If the individual is receiving case management services appropriate to the individual's needs and with sufficient frequency to implement the treatment plan recommendations, or clear attempts are being made to engage the individual or adjust the plan as necessary, answer YES. If no evidence is present, answer NO. For individuals who are capable of managing their own services, case management services may not be necessary. If the individual does not appear to need case management services and was not receiving services, answer YES. All components of the treatment plan that pertain to case management must be implemented or in the process of adjustment to qualify as a YES answer. If there is no assessment or treatment plan in the record but it appears the individual is receiving adequate case management services, answer YES. A rating of NA is not permitted.

5. Outreach/follow-up:

- 5a)** If the individual was not discharged from an inpatient setting, answer N/A. Or, if after discharge, there is not sufficient time to measure follow-up before the end of the review year, answer NA. If the individual was discharged from an inpatient setting, review the inpatient discharge planning documentation as well as post-discharge documentation (progress notes, treatment/service plans, clinical team meeting/staffing notes) to determine if outreach/follow-up occurred after discharge from an inpatient setting. Outreach/follow-up activities may include telephonic or written contact or home visits. If documentation is present, answer YES. If no evidence of follow-up is present, answer NO. If more than one hospitalization occurred in the review period, follow-up must occur after each discharge to qualify as a YES answer.
- 5b)** If the individual was not discharged from a residential setting or if there was not sufficient time in the review year to measure follow-up after a discharge, answer NA. If the individual was discharged from a residential setting, review the residential discharge planning documentation as well as post-discharge documentation (progress notes, treatment/service plans, clinical team meeting/staffing notes) to determine if outreach/follow-up occurred after discharge from a residential setting. Outreach/follow-up activities may include telephonic or written contact or home visits. If documentation is present, answer YES. If no evidence of follow up is present, answer NO. If more than one residential stay occurred during the review period, follow-up must occur after each discharge to qualify as a YES answer.
- 5c)** Review the service/treatment plan to ascertain the frequency of clinic appointments for the individual. After reviewing progress and staffing notes, the reviewer will make a determination 1) if any appointments were missed and 2) if outreach/follow-up occurred after any missed appointments. Outreach/follow-up activities may include telephonic or written contact or home visits. If no clinic or other appointments were missed, answer N/A, or if there was not sufficient time in the review year to measure follow-up after a missed appointment, answer NA. If there were missed appointments and if evidence of follow-up is present, answer YES. If not, answer NO. If more than one appointment was missed, follow-up must occur after each missed appointment to qualify for a YES answer.
- 5d)** Review the progress notes. If the notes indicate that the individual had a crisis episode, determine if outreach/follow-up occurred after the episode. Outreach/follow-up activities may include telephonic or written contact or home visits. If it did, answer YES. If not, answer NO. If the notes indicate that the individual did not have a crisis episode, answer NA, or if there was not sufficient time in the review year to measure follow-up, answer NA. If there was more than one crisis episode, follow-up must occur after each episode to answer YES. Crisis means admission to an urgent care center or hospital emergency room, or an event requiring emergency intervention.

- 5e) Review the progress notes. If the notes indicate that the individual refused a service, determine if outreach/follow-up occurred after the refusal. If it did, answer YES. If not, answer NO. If there is no indication in the progress notes that the individual refused a service, answer NA, or if there was not sufficient time in the review year to measure follow-up, answer NA. Outreach/follow-up activities may include telephonic or written contact or home visits. If an individual refused a service more than once, follow-up must occur after each refusal to qualify for a YES answer.
- 5f) Review the progress notes. If the individual was not prescribed medication, or was prescribed medication but takes the medication answer, NA or if there was not sufficient time during the review year for follow-up, answer NA. If documentation indicates the individual refused to take the medication and outreach/follow-up efforts occurred, answer YES. Outreach/follow-up activities may include telephonic or written contact or home visits. If no outreach efforts occurred, answer NO. If medication was refused more than one time, follow-up must occur after each refusal to count as a YES answer.
6. This question is answered only for individuals with a developmental disability who are also served by DES/DDD. Review the assessments/evaluations, physician treatment orders, treatment/service plan, and physician progress notes.
- 6a) Child and Family Team: Determine if the individual was younger than 18 years of age throughout the review period. If so, answer YES if there was a functioning child and family team. (*A functioning child and family team is defined by ADHS as being facilitated by a trained person; meeting at least one time and, since then, has continued to function in accordance with ADHS Technical Assistance Document #3, The Child and Family team Process; and completing an initial strengths, needs, and cultural discovery.*) (See Exhibit D: TAD #3 The Child and Family Team Process.) Answer NO if there was not a functioning child and family team. Answer NA only if the individual was age 18 or older throughout the study period.
- 6b) Counseling: Determine if documentation indicates the need for counseling services or if the individual would benefit from counseling services. Counseling services should typically be considered for diagnoses of anxiety, depression, adjustment disorders, borderline personality disorders, and grief. Counseling can be supportive or to enhance social skills, coping skills, anger management skills, etc. Having a developmental disability does not necessarily mean an individual cannot benefit from psychotherapy. If documentation indicates counseling is needed, answer YES for 6b(i) if counseling is being provided. Answer NO for 6b(i) if counseling is recommended, but not being provided. Answer NA if counseling is not recommended.
- 6c) Prescriber contact: Calculate the number of visits the individual has had with the prescribing clinician during the study period. Answer NA if a prescriber is not involved and the individual is not taking any psychiatric medications. If the individual was seen six times during the study period, answer YES only for the “5-8 times” category, and answer NO for the others. If the individual was seen three

times during the study period, answer YES only for the “0-4 times” category and answer NO for the others.

7. The clinical liaison (Exhibit E, Section 3.7) is a behavioral health clinician who serves as a fixed point of accountability to ensure active treatment and continuity of care between providers, settings, and treatment episodes. The clinical liaison may provide active treatment or ensure that treatment is provided to enrolled individuals. Progress/contact notes, staffing notes and treatment/services plans should be reviewed to determine whether there is evidence the clinical liaison is providing clinical oversight and facilitating decision-making regarding the individual’s behavioral health care. Answer NO if there is only a designation of a person as the clinical liaison without any evidence of their involvement in the activities described above. Answer YES if it is evident the clinical liaison is playing an active role.
8. Review the documentation to determine the individual’s primary language. If the primary language is English, or is not indicated, answer YES. For cases in which the primary language is other than English, answer NO and proceed to question 8a. Answer YES if there is documentation demonstrating that services were provided in the recipient’s primary language.

For 8b, answer YES if there is documentation or evidence that the family and/or recipient were informed that interpreter services were available (*eliminating the expectation that families will provide interpreter services under Title VI of the Civil Rights Act*). If 8a is YES, 8b will be YES.

9. Review the documentation for a verbal referral or a hard copy referral from the PCP/health plan regarding behavioral health needs for an individual. (See Exhibit F for a copy of a referral form). If there is not a request, answer NA. Answer YES if documentation is located indicating the behavioral health provider has communicated to the PCP/health plan regarding the disposition of the referral within 30 days of the request for service. Answer NO, if there was a request and documentation is not located or if the disposition was dated greater than 30 days after the request for referral. If a disposition is located without a request or referral date, answer N/A.
10. Review the documentation and determine if behavioral health care information has been coordinated/communicated with the individual’s PCP as required. (See Exhibit G, Section 4.3) Relevant behavioral health information must be communicated to the PCP for all Title XIX/XXI individuals:
 - a. Who have been referred by the PCP/health plan.
 - b. Who have been determined to have a serious mental illness.
 - c. Upon request of the PCP.

At a minimum, the individual’s diagnosis and current prescribed medications (including strength and dosage) must be provided to the individual’s assigned PCP. Answer YES if the required or requested coordination-of-care documentation is present and answer NO if there is no documentation of communication with the PCP.

If the individual is in a category in which communication to the PCP or health plan is not mandatory, answer NA.

- 11.** Review the physician progress notes, assessment information, and service/treatment plan, to determine whether there is evidence that services provided to the individual produced symptomatic improvement based on the individual's specific diagnosis/diagnoses. To qualify for a YES answer, there should be documented improvement in ANY of the symptoms specified for the chosen diagnosis. For example, if the individual is diagnosed with ADHD, there should be documentation of a "decrease in hyperactivity or impulsivity and/or increased ability to focus and concentrate." If there is improvement in one symptom, but worsening of another, answer YES, since there is documentation of some improvement. If there is documented improvement in symptoms not listed, but no improvement in the symptoms listed, answer NO. To answer NO, there will be no improvement or there will be documentation of a worsening or a regression in symptoms. You may answer NA if the services provided were recent and there was no change in symptoms, if there was not sufficient time in the review period for the reviewer to determine effect, or if the diagnosis does not apply to the individual being reviewed. If you answered NO, respond to the follow-up question indicating if there is evidence of revision to the treatment plan and/or consultation was sought in order to facilitate symptomatic improvement.
- 12.** Review the physician progress notes, assessment information, and service/treatment plan to determine whether there is evidence that services provided to the individual produced functional improvement. If the individual was younger than five years old at the time of the assessment, use the 12a criteria. If the individual was 5 to 17 years of age, use the 12b criteria. If the individual was 18 years of age or older, use the 12c criteria. To qualify for a YES answer, there may be ANY functional improvement in the specified area. If there was no improvement or a worsening of symptoms, answer NO. You may answer NA if services provided were recent and there was no change in function, if there was not sufficient time in the review period for the reviewer to determine effect, or if the criteria does not apply to the individual being reviewed.
- 13.** Review medication-related documentation to determine if the individual was prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) prior to the review period and continued on the medication throughout the entire calendar year (January 1, 2005, to December 31, 2005). If YES, review documentation, including physician progress notes, treatment/service plans, and lab work to determine if lithium levels have been ordered and/or obtained at least annually. If documentation of lithium level is present, answer YES. If documentation indicates a lithium level was ordered, but not obtained, answer YES. Likewise, answer YES if a thyroid function test (i.e. TSH) was ordered and/or obtained and if renal function tests (i.e. BUN + creatinine or 24-hour urine) were ordered and/or obtained. If documentation is not located in the chart, answer NO.

- 14.** Review medication-related documentation to determine if the individual was prescribed an atypical antipsychotic medication (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and/or Clozaril or their generic equivalents) prior to the review period and continued on any of these medications throughout the entire calendar year (January 1, 2005, to December 31, 2005). The individual could have been changed from one atypical antipsychotic to another during this period and still qualify for inclusion in this question. If YES, review documentation, including physician progress notes, treatment/service plans, and lab work to determine if blood glucose, lipid levels (i.e., cholesterol, HDL, LDL), and weight or body mass index were monitored. If documentation is present, answer YES. If blood glucose or lipid levels were ordered but not obtained, mark YES. If documentation is not located in the chart, answer NO.
- 15.** Evidence that the individual and/or legal guardian provided either verbal or written consent to take prescribed psychotropic medications can be located in the new standardized informed consent form (See Exhibit H1 for the current version of PM Form 3.15.1, and Exhibit H2 for the draft version of PM Form 3.15.1); in the progress notes of the physician, physician assistant, or nurse practitioner; in the RBHA-specific consent forms; or in the treatment team meeting notes.
- 15a)** Review the documentation to determine if individuals and/or parents/guardians were informed and gave consent for **each** new psychotropic medication prescribed during the review period. A YES answer indicates that there is written documentation that the individual or legal guardian gave informed consent for **all** of the new medications prescribed in the review period. If there was informed consent for only some of the newly prescribed psychotropic medications in the review period, the answer will be NO.

If the record indicates that the individual had a formal legal guardianship established or the individual was a child (younger than 18 years of age), the parent or legal guardian, if the person was someone other than the parent, must have provided the informed consent. If a new medication was prescribed in the review period and a consent is located in the chart, a new consent is not necessary if the medication was discontinued and resumed in the review period.

A NO answer indicates that documentation of verbal or written consent by the individual or guardian is not present for all of the new medications prescribed in the review period. Answer NA if the individual was not prescribed any new psychotropic medications in the review period. If 15a is answered NO, 15b and components i. through v. will be answered NA.

- 15b)** For all of the psychotropic medications from 15a found to have informed consent, review the consent documentations to determine if they include components i.-v. Answer YES for 15b if the consents contain components i.-v. Answer No to 15b if components i.-v. are not present in the informed consent documentation. For example, an individual was prescribed two new psychotropic

medications during the review year. The reviewer found informed consent for each of the new medications and answered YES to 15a. To answer 15b, the reviewer must examine **both** consent forms to determine if components i.-v. were available on both forms. In this example, the reviewer discovered the first consent contained components i.-v., but the second consent only contained components i. and ii. The reviewer would answer NO to 15b, because all informed consent components were not available in both consents. If 15a is answered NO or NA, 15b and components i.-v. will be answered NA.

Individual components 15b

If all consents from 15a contained components i.-v., answer YES to each component. If one of components i.-v. was not included in one of the consents, answer NO for that particular component. In the example explained above, components i. and ii. would be answered YES, but since the second consent did not contain components iii.-v., components iii.-v. would be answered NO.

1. Benefits/intended outcome of treatment
2. Individual's risks and side effects
3. Possible alternatives to the proposed medication
4. Possible results of not taking the recommended medication
5. The person's right to withdraw voluntary consent for medication at any time

Flag: If the DBHS-recommended, standardized informed consent form (See Exhibit H1 for the current version of PM Form 3.15.1, and Exhibit H2 for the draft version of PM Form 3.15.1) was used for all new psychotropic medication in 15a, answer YES. If the standardized informed consent form was not used for all psychotropic medications in 15a, answer NO.

16. Assessment of Movement Disorders

16a) Review the individual's file to determine if a new antipsychotic medication (includes all antipsychotic medications) was prescribed during the review period. If the person was not prescribed a new antipsychotic medication during the review period, answer NA, or if there was not sufficient time during the review year for follow-up, answer NA. Sufficient time is considered 30 days following the prescription. Answer YES if the record indicates assessment for movement disorders, or AIMS was administered at baseline for each new medication prescribed in the review period. If there is no indication of assessment for movement disorders for all new medications at baseline, enter NO.

16b) Review the individual's record to determine if an antipsychotic medication was prescribed prior to the review period and continued throughout the entire calendar year (January 1, 2005, to December 31, 2005). If so, review documentation to determine if assessment for movement disorders was assessed at least annually. If so, answer YES. If not, answer NO. If the individual was not prescribed an antipsychotic medication the entire calendar year, answer NA.

17. Review the individual's record, and if the individual has not been prescribed psychotropic medication, answer NA. If the individual was on psychotropic medication and there was no indication of side effects or adverse reactions, answer NA. If the record documentation indicates assessment of side effects or adverse reactions to one or more prescribed psychotropic medications and actions have been taken to address any adverse reactions or side effects of the medication, answer YES. All side effects for all psychotropic medications must have been addressed during the review period to qualify as a YES response. If no action had been taken to address the adverse reactions or side effects to any psychotropic medications, answer NO.

18. If target symptom(s) are documented for all new medications prescribed in the review period, answer YES. If not, answer NO. Answer NA only if the member was not prescribed a new psychotropic medication in the review period. **Note:** You may find documentation of the identified target symptom(s) in the informed consent form itself (See Exhibit H1 for the current version of PM Form 3.15.1, and Exhibit H2 for the draft version of PM Form 3.15.1), psychiatric and nursing progress notes, treatment/service plans, and psychiatric evaluations. Target symptoms should NOT be the diagnosis itself, but refer to the objective/subjective symptoms associated with the particular diagnosis. For example, target symptoms for depression may include sleeplessness, decreased appetite, tearfulness, and decreased energy. These target symptoms are the objective/subjective indicators that the patient is improving (or not) with the medication being prescribed.

19) Intraclass polypharmacy

19a) Review medication-related documentation to determine if three or more psychotropic medications within the same class were prescribed simultaneously at any point in the review period. If three or more psychotropic medications were documented, answer YES to 19a. If not, answer NO. If 19a is answered NO, 19b and 19c will not be answered.

19b) If 19a is answered YES, review documentation, including psychiatric and nursing progress notes, treatment/service plans, and psychiatric evaluations to determine if the prescribing clinician documentation describes the rationale and/or justification for each combination of three or more intraclass medications. (See Exhibit I: TAD for Polypharmacy Performance Improvement Project containing examples of rationales/justification, and see Exhibit J for the intraclass medication list.) If the reviewer is comfortable that rationale is present, answer YES to 19b. If rationale is not present for all combinations of three more intraclass medications, answer NO. A YES answer will refer the record to the physician adviser to answer 19c.

19c) TO BE COMPLETED BY PA/NP ONLY.

20) Interclass polypharmacy

20a) Review medication-related documentation to determine if four or more psychotropic medications from different classes (at least one medication is from a

different drug class than the rest) were prescribed simultaneously at any point in the review period for the overall treatment of behavioral health disorders. If four or more medications meet the criteria, answer YES to 20a. If not, answer NO to 20a. If 20a is answered NO, 20b and 20c will not be answered.

20b) If 20a is answered YES, review documentation, including psychiatric and nursing progress notes, treatment/service plans, and psychiatric evaluations to determine if the prescribing clinician documentation describes the rationale and/or justification for each combination prescribed. (See Exhibit I: TAD for Polypharmacy Performance Improvement Project containing examples of rationales/justification, and see Exhibit J for the interclass medication list.) If the reviewer is comfortable that rationale is present, answer YES to 20b. If rationale is not present for each combination of interclass medications, answer NO. A YES answer will refer the record to the physician adviser to answer 20c.

20c) TO BE COMPLETED BY PA/NP ONLY.